



**CORRECTIONAL MANAGED HEALTH CARE  
COMMITTEE  
AGENDA**

June 14, 2023

10:00 a.m. (CST)

UTMB Conroe Operations Office  
200 River Pointe Dr., Suite 200  
Conroe, Texas 77304

# **CORRECTIONAL MANAGED HEALTH CARE COMMITTEE**

June 14, 2023  
10:00 a.m.

UTMB Conroe Administrative Office  
200 River Pointe Dr. Ste. #200  
Conroe, TX 77304

- I. Call to Order
- II. Recognitions and Introductions
- III. Chair's Report
- IV. Consent Items
  1. Approval of Excused Absences
  2. Approval of CMHCC Meeting Minutes, March 8, 2023
  3. TDCJ Health Services Monitoring Reports
    - Operational Review Summary Data
    - Grievance and Patient Liaison Statistics
    - Preventive Medicine Statistics
    - Utilization Review Monitoring
    - Capital Assets Monitoring
    - Accreditation Activity Summary
    - Active Biomedical Research Project Listing
    - Restrictive Housing Mental Health Monitoring
  4. University Medical Directors Reports
    - Texas Tech University Health Sciences Center
    - The University of Texas Medical Branch
  5. Summary of CMHCC Joint Committee / Work Group Activities
- V. Update on Financial Reports
- VI. Medical Directors Updates
  1. Texas Department of Criminal Justice
    - Health Services Division Fiscal Year 2023 Second Quarter Report
  2. Texas Tech University Health Sciences Center
  3. The University of Texas Medical Branch

- VII. ACA, Commission on Accreditation Performance-Based Expected Practices for Adult Correctional Institutions, 5<sup>th</sup> Edition

**Presented by:**

Dr. Lannette Linthicum, M.D. CCHP-A, FACP  
Director, Health Services Division  
Texas Department of Criminal Justice

- VIII. CMC-Legislative Appropriation Request (LAR): An Update

**Presented by:**

Jennifer Gonzales  
Deputy Chief Financial Officer, Business and Finance Division  
Texas Department of Criminal Justice

- IX. Public Comments

- X. Adjourn

## Consent Item

Approval of CMHCC Meeting Minutes  
March 8, 2023

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**CORRECTIONAL MANAGED HEALTH CARE COMMITTEE**

**March 8, 2023**

**Chairman:** Robert D. Greenberg, M.D.

**CMHCC Members Present:** Lannette Linthicum, M.D., CCHP-A, FACP, Julia Hiner, M.D., John Burruss, M.D., Phillip Keiser, M.D, Michelle Erwin

**CMHCC Members Absent:** Brian Edwards, M.D., Cynthia Jumper, M.D., Kris Coons

**Partner Agency Staff Present:** Oscar Mendoza, Ron Steffa, Bobby Lumpkin, Rebecca Waltz, Gloria Moore, Catina Brice, Chris Black-Edwards, Texas Department of Criminal Justice (TDCJ); Lindsey Tubbs, Carrie Culpepper, Will Rodriguez, Denise DeShields, M.D., Texas Tech University Health Sciences Center (TTUHSC); Owen Murray, D.O., Melanie Roberts, PharmD, Olugbenga Ojo, M.D., University of Texas Medical Branch (UTMB).

**Others Present:** None

**Location:** Texas Department of Criminal Justice (TDCJ) Price Daniel Senior building (PDB), 209 W. 14<sup>th</sup> St., Suite 500, Austin, TX 78701

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>I. Call to Order</b> - Dr. Robert Greenberg</p> <p><b>II. Recognitions and Introductions</b> - Dr. Greenberg</p>	<p>Dr. Robert Greenberg called the Correctional Managed Health Care Committee (CMHCC) meeting to order at 10:00 a.m. then noted that a quorum was present, and the meeting would be conducted in accordance with Chapter 551 of the Texas Government Code, the Open Meetings Act.</p> <p>Dr. Greenberg acknowledged that all wishing to offer public comment must be registered and would be allowed a three-minute time limit to express comments. There were no public members registered to address the committee or offer public comment.</p> <p>Dr. Greenberg welcomed and thanked everyone for being in attendance.</p> <p>Dr. Greenberg asked if there were any recognitions or introductions.</p> <p>Dr. Owen Murray recognized Dr. Melanie Roberts, Associate Vice President, Health Informatics &amp; Quality UTMB Correctional Managed Healthcare for being instrumental in providing testimony in the Hepatitis C litigation.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>II. Recognitions and Introductions (cont.)</b> - Dr. Greenberg</p> <p><b>III. Chair’s Report</b> - Dr. Greenberg</p> <p><b>IV. Approval of Consent Items</b> - Dr. Greenberg</p> <ul style="list-style-type: none"> <li>- Approval of Excused Absences</li> <li>- Approval of CMHCC Meeting Minutes – December 7, 2022</li> <li>- Approval of TDCJ Health Services Monitoring Report</li> <li>- University Medical Directors Reports</li> <li>- Summaries of CMHCC Joint Committee / Work Groups Activities</li> </ul>	<p>Dr. Lannette Linthicum recognized Ms. Marjorie Kovacevich, Associate Vice President, Administrator, Hospital Galveston, UTMB Correctional Managed Healthcare Inpatient Operations for her efforts with establishing the Estelle Unit emergency room medical program at the Regional Medical Facility (RMF).</p> <p>Dr. Greenberg next moved on to agenda item III, Chair’s Report.</p> <p>Dr. Greenberg did not have any agenda items to report.</p> <p>Dr. Greenberg next moved on to agenda item IV, approval of Consent Items.</p> <p>Dr. Greenberg stated that the following five consent items would be voted on as a single action:</p> <p>The first consent item was the approval of excused absences from the December 7, 2022 meeting –Ms. Michelle Erwin</p> <p>The second consent item was the approval of the CMHCC meeting minutes from the December 7, 2022 meeting. Dr. Greenberg asked if there were any corrections, deletions, or comments. Hearing none, Dr. Greenberg moved on to the third consent item.</p> <p>The third consent item was the approval of the Fiscal Year (FY) 2023 First Quarter Texas Department of Criminal Justice (TDCJ) Health Services Monitoring Reports.</p> <p>The fourth consent item was the approval of the FY 2023 First Quarter University Medical Director’s Reports. There were no comments or discussion of these reports.</p> <p>The fifth consent item was the approval of the FY 2023 First Quarter summary of the CMHCC Joint Committee/Work Group Activities. There were no comments or discussion of these reports.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<b>IV. Approval of Consent Items (cont.)</b>	<p>Dr. Greenberg then called for a motion to approve the consent items.</p>		
<b>V. Update on Financial Reports</b> - Rebecca Waltz	<p>Dr. Greenberg next called on Ms. Rebecca Waltz to present the financial report.</p> <p>Ms. Waltz presented the Financial Report on Correctional Managed Health Care (CMHC) for the First Quarter of FY 2023, as submitted to the Legislative Budget Board (LBB). The report was submitted in accordance with the General Appropriations Act, Article V, Rider 43. Details of Ms. Waltz report may be found in Tab B of the CMHCC agenda book and are also posted on the CMHCC website.</p> <p>Dr. Greenberg thanked Ms. Waltz and opened the floor for questions.</p> <p>Mr. Ron Steffa, Chief Financial Officer, TDCJ Business and Finance Division answered by stating the Legislative Budget Board (LBB) projects inmate populations for the TDCJ. The LBB is taking the agency up to 132,000 for the total population based on a 5-year projection.</p>	<p>Dr. Greenberg asked if there was an overall inmate service population capacity.</p>	<p>Dr. Phillip Keiser made a motion to approve all consent items and Dr. John Burruss seconded the motion which prevailed by unanimous vote.</p>
<b>VI. Medical Director's Updates</b> <b>TDCJ Health Services</b> <b>Division FY 2023 First</b> <b>Quarter Report</b> - Dr. Lannette Linthicum	<p>Dr. Greenberg thanked Ms. Waltz then called on Dr. Lannette Linthicum to present the FY2023 First Quarter TDCJ Medical Director's Report.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>VI. Medical Director’s Updates TDCJ Health Services Division FY 2023 First Quarter Report (cont.)</b> - Dr. Lannette Linthicum</p> <p>- <b>Texas Tech University Health Sciences Center</b> - Dr. Denise DeShields</p> <p>- <b>University of Texas Medical Branch</b> - Dr. Owen Murray</p>	<p>Dr. Linthicum began by explaining that the Correctional Managed Health Care statute 501.150 requires TDCJ to do four things statutorily; ensure access to care, conduct periodic operational reviews or compliance audits, monitor the quality of care, and investigate health care complaints. The Medical Director’s Report is a summary of those activities and may be found in Tab C of the CMHCC agenda book and is also posted on the CMHCC website.</p> <p>Dr. Linthicum answered stating the compliance threshold of administration of compelled psychoactive medication to inmates should be at 80% or above.</p> <p>Dr. Greenberg thanked Dr. Linthicum and then called on Dr. Denise DeShields to present the report for TTUHSC Medical Director’s Report.</p> <p>Dr. Denise DeShields begins by stating TTUHSC will no longer include the “Average Length of Stay” report in their Medical Director’s Report, however, will continue to report the TTUHSC Community Hospital average length of stay.</p> <p>Dr. DeShields reported that they’ve hired Ms. Kamym Blayre Phares as the new Registered Dietician for TTUHSC. Ms. Phares will start on March 20, 2023. She has a master’s degree in Diatarian Sciences from Texas Tech University.</p> <p>Dr. Greenberg thanked Dr. DeShields and then called on Dr. Owen Murray to present the UTMB Medical Director’s Report.</p> <p>Dr. Murray confirmed that all reporting information had been mentioned during Dr. Linthicum’s report and he has no additional comments.</p>	<p>Dr. John Burruss asked for clarification regarding the compliance threshold of administration of compelled psychoactive medication to inmates.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>VII. Hepatitis C Virus (HCV) Treatment Program Expansion</b></p> <ul style="list-style-type: none"> <li>- Dr. Olugbenga Ojo</li> <li>- Dr. Melanie Roberts</li> </ul>	<p>Dr. Greenberg then called on Dr. Olugbenga Ojo, Chief Medical Officer/Chief Physician Executive, UTMB CMC and Dr. Melanie Roberts, Associate Vice President, Health Informatics &amp; Quality UTMB CMC to present an overview of Hepatitis C as well as testing recommendations by government and professional organizations.</p> <p>Dr. Ojo began by thanking the Correctional Health Care Committee (CMHCC) members for the opportunity to present a request for a change in paradigm in Hepatitis C screening from the current cohort and risk-based testing to an Opt-out Universal testing in Texas prisons.</p> <p>Dr. Ojo’s overview of Hepatitis C in the US included the following: Chronic hepatitis C infection in the United States affects approximately 5 million individuals with an annual incidence of 17,000 new infections, indicating that hepatitis C is clearly an important health problem. The prevalence of Hepatitis C in the US population he noted is about 1% while it is about 17.3% (16-41%) in prisons and jails.</p> <p>He further stated that Hepatitis C virus (HCV) is the most common chronic blood-borne pathogen in the U.S. and a leading cause of complications from chronic liver disease. Hepatitis C virus infection is associated with more deaths than the top 60 other reportable infectious diseases combined, including HIV.</p> <p>In addition, of individuals infected with HCV, 15%-20% experience spontaneous recovery, while the remaining 75%-85% progress to chronic hepatitis C.</p> <p>Over time, however, approximately 60% of individuals with chronic hepatitis C infection progress to advanced fibrosis and cirrhosis. Of individuals with advanced fibrosis or cirrhosis, approximately 5% develop hepatocellular carcinoma (HCC) within a 5-year period. In addition to increasing mortality, hepatitis C infection with liver failure or liver cancer is a leading cause of liver transplantation worldwide.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>VII. Hepatitis C Virus (HCV) Treatment Program Expansion (cont.)</b></p> <ul style="list-style-type: none"> <li>- Dr. Olugbenga Ojo</li> <li>- Dr. Melanie Roberts</li> </ul>	<p>Dr. Ojo mentioned that in general, major guidelines now recommend routine one-time opt out universal HCV testing for adults 18 years of age and older.</p> <p>Dr. Ojo outlined the following:</p> <ol style="list-style-type: none"> <li>1. In March 2020, the U.S. Preventive Services Task Force (USPSTF) issued updated recommendations regarding screening for HCV. The USPSTF now recommends routine screening for all adults in the United States 18-79 years of age, including pregnant women.</li> <li>2. The American Association for the Study of Liver Disease (AASLD) recommends a one-time, routine, opt out HCV testing for all individuals aged 18 years and older.</li> <li>3. The Infectious Disease Society of America (IDSA) also recommends a onetime, routine opt out HCV screening for all individuals aged 18 years and older.</li> <li>4. The Centers for Disease Control (CDC) recommends universal HCV screening at least once in a lifetime for all adults 18 years of age and older.</li> <li>5. The Centers for Medicare &amp; Medicaid Services (CMS) has determined the following: The evidence is adequate to conclude that screening for Hepatitis C Virus (HCV), consistent with the grade B recommendations by the U.S. Preventive Services Task Force (USPSTF), is reasonable and necessary.</li> <li>6. The Federal Bureau of Prisons (FBOP) adopted an opt out Universal Testing policy for Hepatitis C in 2018.</li> <li>7. In corrections, state prisons and jails have begun adopting universal screening for all inmates.</li> </ol> <p>Dr. Ojo reported the following as the rationale for universal screening:</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>VII. Hepatitis C Virus (HCV) Treatment Program Expansion (cont.)</b></p> <ul style="list-style-type: none"> <li>- Dr. Olugbenga Ojo</li> <li>- Dr. Melanie Roberts</li> </ul>	<ol style="list-style-type: none"> <li>1) <b>Changing HCV Epidemiology in the United States:</b> In recent years, there has been a major surge in new cases of HCV in the United States. The increase in cases has disproportionately involved younger adults, primarily young adults with opioid dependence and associated injection drug use. Use of the older screening recommendations (routine testing of persons born in the years (1945-1965) does not effectively screen for young individuals with HCV, unless they disclose their injection drug use.</li> <li>2) <b>High Cure Rate with Direct-Acting Antiviral (DAA) therapy:</b> Newer (DAA) therapy used to treat HCV has proven extraordinarily effective, with 8- or 12-week oral regimens showing an excellent safety profile and cure rates that exceed 98%.</li> <li>3) <b>Impact of treatment on Natural History:</b> Extensive data has accumulated showing that achievement of sustained virologic response (SVR) with HCV treatment, which occurs in more than 98% of patients who receive recommended DAA regimens, is associated with major decreases in hepatocellular carcinoma, liver-related mortality, and all-cause mortality.</li> <li>4) <b>Lower Cost of DAA Regimens:</b> Recent competitive market forces have significantly driven down the cost of HCV treatment.</li> <li>5) <b>Potential Public Health Benefit:</b> The concept of HCV treatment as prevention is based on the fundamental principle that persons with HCV who are treated and cured will not transmit HCV to others.</li> <li>6) <b>Limitations of Risk Based Testing:</b> Risk based hepatitis C screening alone is not effective and therefore not recommended.</li> </ol> <p>Dr. Ojo concluded by saying that in CMC the sustained virologic response (SVR) is 98% and requested that the CMHCC ebulliently approve a change in ethos for Hepatitis.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>VII. Hepatitis C Virus (HCV) Treatment Program Expansion (cont.)</b></p> <ul style="list-style-type: none"> <li>- Dr. Olugbenga Ojo</li> <li>- Dr. Melanie Roberts</li> </ul>	<p>Dr. Melanie Roberts presented data on current screening practices. In January 2020, UTMB began participating in a grant program in partnership with Gilead. The FOCUS program is a public health initiative that aims to decrease the stigma underlying viral testing and diagnosis and bring HCV screening and linkage to care into alignment with the (CDC), the (USPSTF), and state and local health department guidelines. As part of this program, twelve TDCJ intake facilities implemented opt-out screening for Hepatitis C. The remaining twenty-three facilities continued risk-based screening. Interim results did not demonstrate a statistically significant difference in the identification of new HCV cases between the two groups. However, since FY19, the screening rate for Hepatitis C has continued to increase. Given the near 80% screening rate currently, it was recommended that CMHCC Policy be updated to reflect the move from risk-based screening to universal, opt-out screening.</p> <p>Dr. Roberts answers that, the cost of treatment per inmate for a three-month course is approximately \$8,100.00.</p> <p>Dr. Greenberg thanked Dr. Ojo and called for a motion to endorse the recommendations to provide universal opt-out testing for Hepatitis C at intake.</p>	<p>Dr. Keiser agreed that providing universal opt-out testing for Hepatitis C will be beneficial and added that we will see the payoff ten to fifteen years from now.</p> <p>Dr. Burruss asked how much the cost of treatment has decreased.</p>	<p>Dr. Burruss made the motion to endorse the recommendations as presented by Dr. Ojo and Dr. Roberts. The motion was seconded by Dr. Keiser which prevailed by unanimous vote.</p>

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>VII. Hepatitis C Virus (HCV) Treatment Program Expansion (cont.)</b></p> <ul style="list-style-type: none"> <li>- Dr. Olugbenga Ojo</li> <li>- Dr. Melanie Roberts</li> </ul> <p><b>VIII. 88<sup>th</sup> Legislative Session Update</b></p> <ul style="list-style-type: none"> <li>- Kate Blifford</li> </ul>	<p>Dr. Greenberg thanked Dr. Ojo and Dr. Roberts, then called on Ms. Kate Blifford, TDCJ Director of Government Affairs to provide an update on the 88<sup>th</sup> Legislative session.</p> <p>Ms. Blifford introduced herself as the TDCJ Director of Government Affairs. The presentation is based on providing a high-level overview of the 88<sup>th</sup> Legislative session which began on January 10, 2023. The legislature meets for 140 days every two years which is dictated by the Texas Constitution.</p> <p>Ms. Blifford began by reporting that Governor Greg Abbot gave his State of the State address where he indicated some of his various priorities and Lt. Governor Dan Patrick who is the presiding officer of the Senate issued his press release.</p> <p>Ms. Blifford explained there has been approximately 4,032 House Bills and 1,830 Senate Bills filed. She reported approximately 1,000 bills are being tracked by TDCJ. Ms. Blifford explains that Governmental Affairs review and assigns the bills to various divisions within TDCJ to include the Health Services Division. Ms. Blifford stated the bills are referred to committees such as: The Senate Committee on Criminal Justice and the House Committee on Corrections. Bills are then reviewed by law makers for committee consideration.</p>	<p>Dr. Linthicum asked that the TDCJ Office of Public Health to update the CMHCC Hepatitis Policy (B-14.13.3) to reflect the move from risk-based screening to universal, opt-out screening.</p>	<p>Chris Black-Edwards, TDCJ Deputy Director, Health Services Division agreed to update the CMHCC Hepatitis Policy (B-14.13.3) to reflect the move from risk-based screening to universal, opt-out screening.</p>

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>VIII. 88<sup>th</sup> Legislative Session Update (cont.)</b> - Kate Blifford</p> <p><b>IX. Public Comments</b> - Dr. Greenberg</p> <p><b>X. Adjourn</b></p>	<p>Ms. Blifford summarized by thanking the CMHCC for assisting with the constituent casework issues for law makers.</p> <p>Dr. Greenberg noted that in accordance with the CMHCC policy, during each meeting the public is given the opportunity to express comments. No public members requested to address the committee at this meeting.</p> <p>Dr. Greenberg thanked everyone for their attendance and adjourned the meeting. Dr. Greenberg announced that the next CMHCC meeting is scheduled for June 14, 2023 in Conroe, Texas.</p> <p>The meeting was adjourned at 11:15 a.m.</p>	<p>Dr. Linthicum thanked Ms. Blifford for her continued leadership and guidance throughout the 88<sup>th</sup> Legislative Session.</p>	

\_\_\_\_\_  
 Robert D. Greenberg, M.D., Chairman  
 Correctional Managed Health Care Committee

\_\_\_\_\_  
 Date

## Consent Item

# TDCJ Health Services Monitoring Reports

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TEXAS DEPARTMENT OF  
CRIMINAL JUSTICE

**Health Services Division**

***Quarterly Monitoring Report***

**Second Quarter, Fiscal Year 2023  
(December 2022, January and February 2023)**

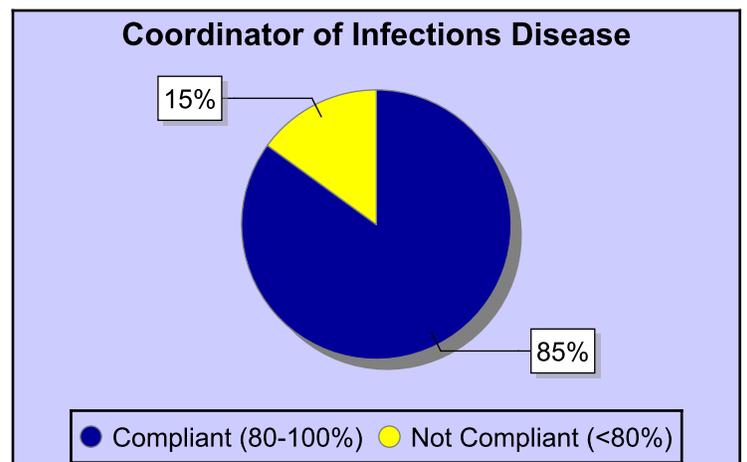
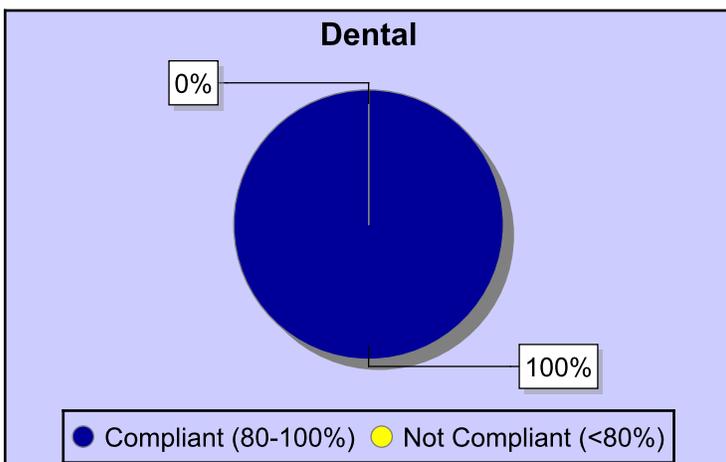
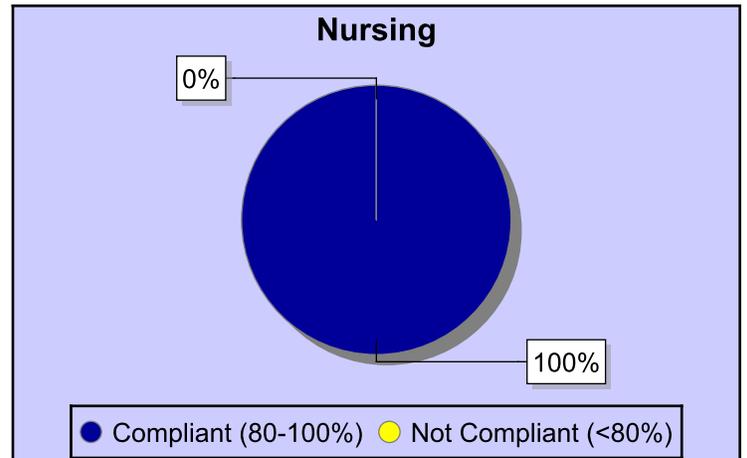
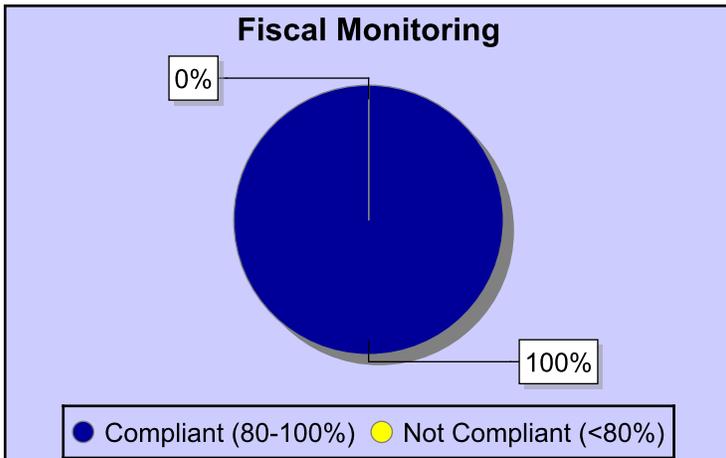
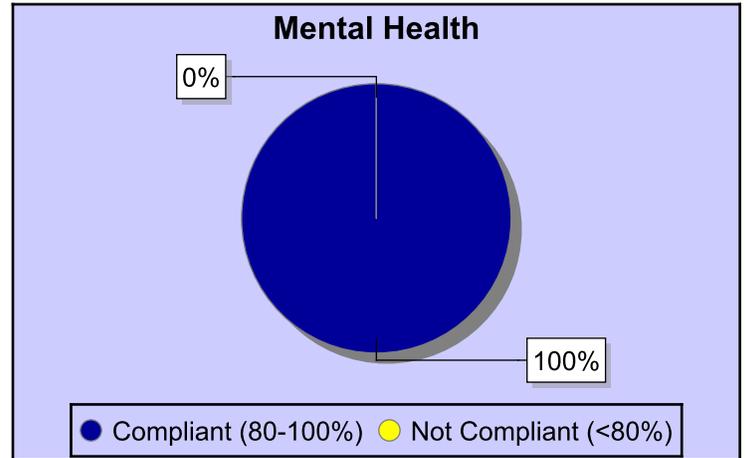
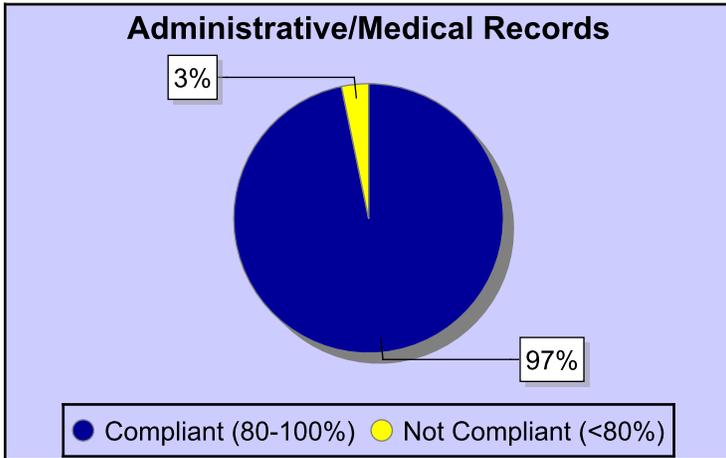
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**Rate of Compliance with Standards by Operational Categories**  
**Second Quarter, Fiscal Year 2023**  
**December 2022 - February 2023**

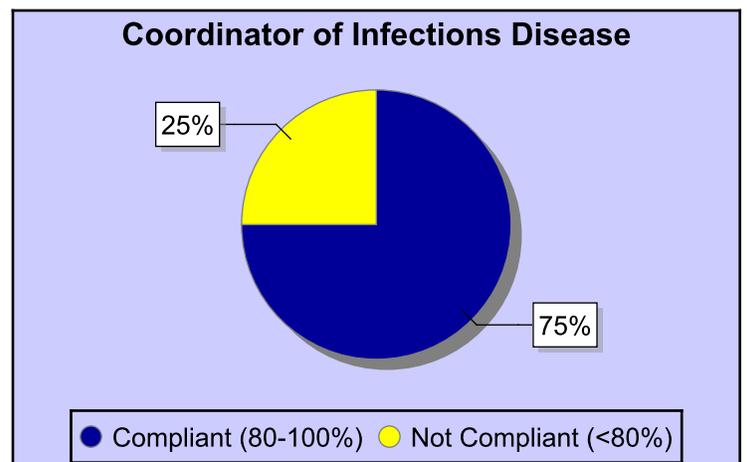
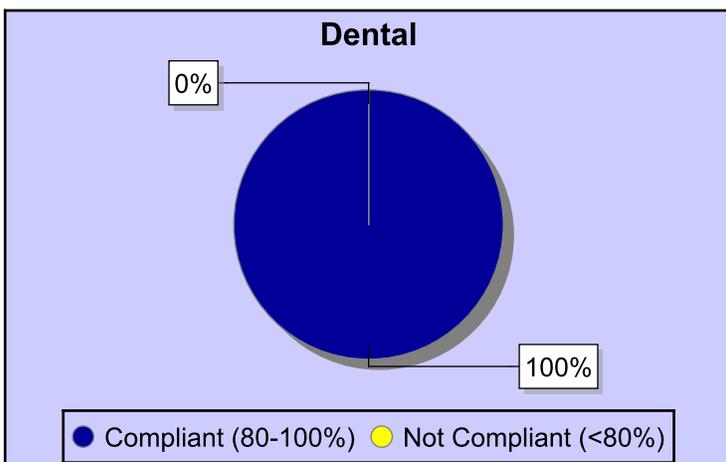
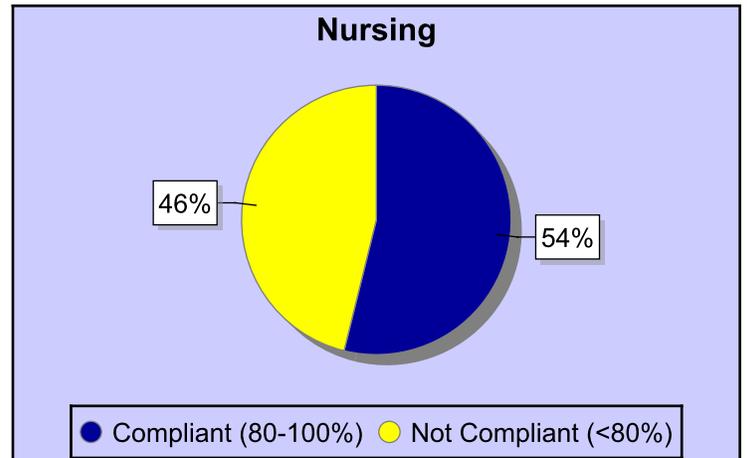
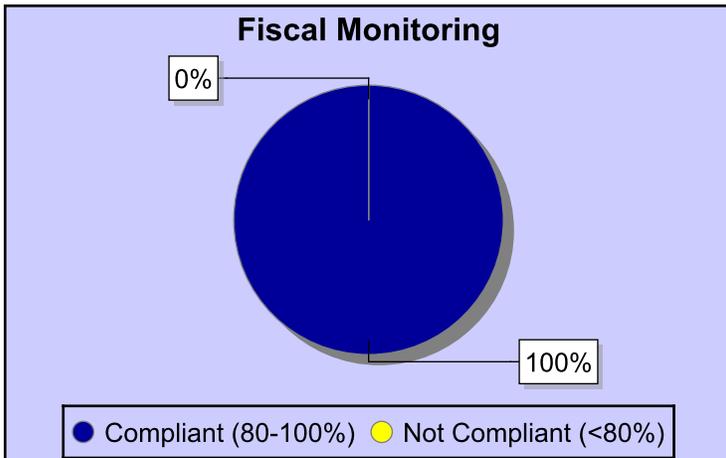
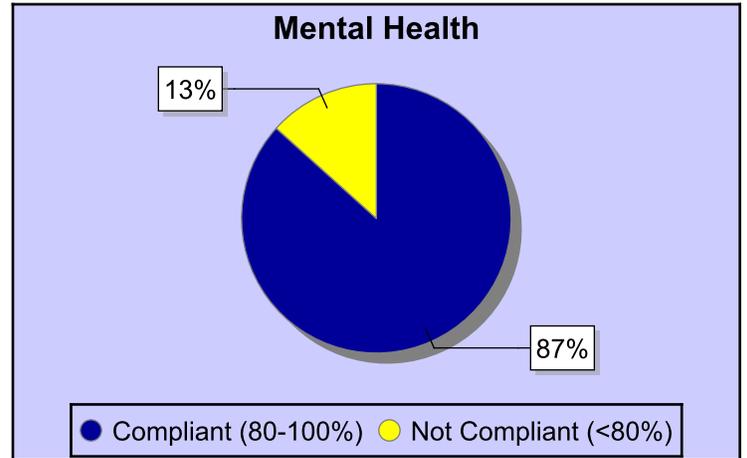
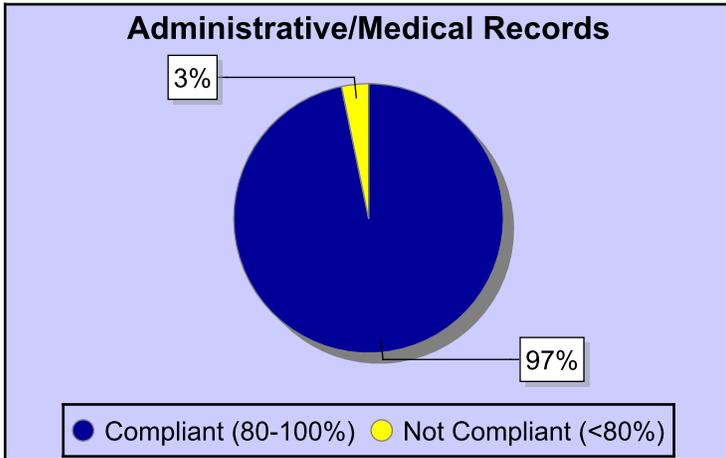
Unit	Operations/ Administration			General Medical/Nursing			Coordinator of Infectious Disease			Dental			Mental Health			Fiscal		
	<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance	
Boyd	33	32	97%	13	7	54%	22	13	59%	10	10	100%	15	11	73%	6	6	100%
Bridgeport	31	30	97%	13	13	100%	20	17	85%	10	10	100%	1	1	100%	4	4	100%
Ellis	33	32	97%	13	11	85%	22	13	59%	10	10	100%	16	9	56%	4	4	100%
Hamilton	33	32	97%	13	9	69%	24	15	63%	11	11	100%	14	12	86%	7	7	100%
Lewis	33	31	94%	24	12	50%	61	37	61%	20	19	95%	27	26	96%	7	7	100%
Pack	31	30	97%	13	7	54%	20	15	75%	9	9	100%	15	13	87%	7	7	100%
Polunsky	33	32	97%	13	8	62%	33	21	64%	11	11	100%	24	20	83%	4	4	100%
Powledge	33	32	97%	13	12	92%	30	26	87%	10	10	100%	14	13	93%	5	5	100%

*n* = number of applicable items audited.

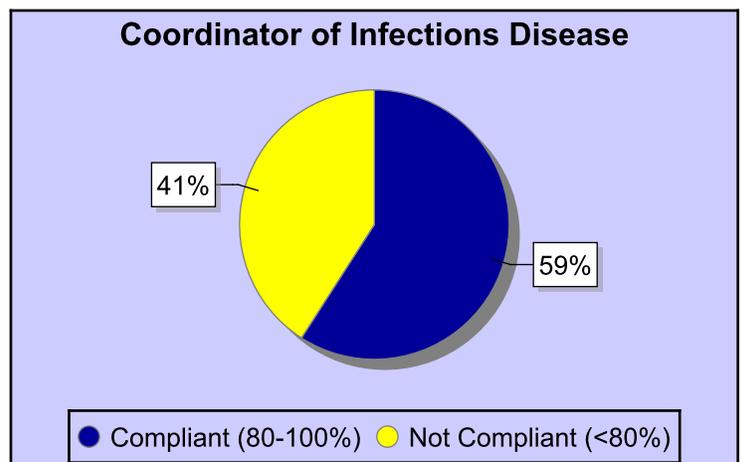
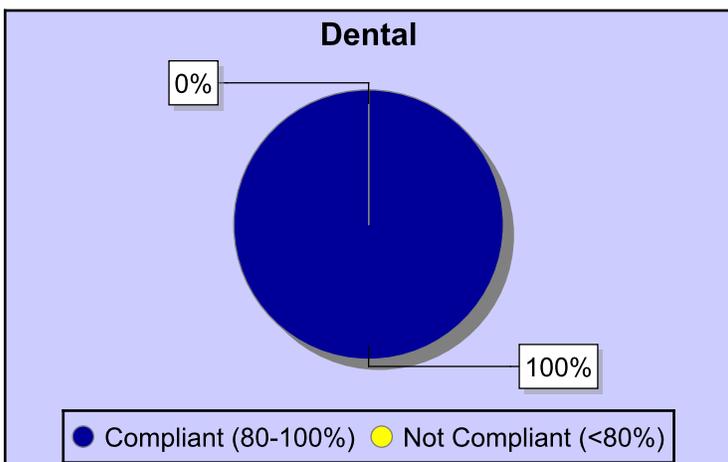
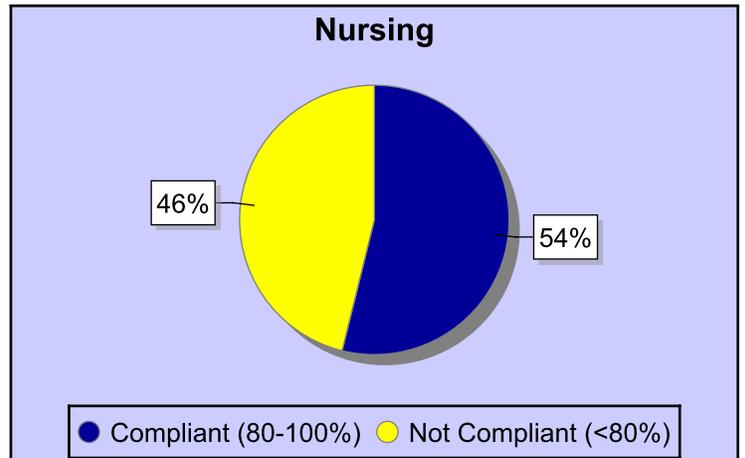
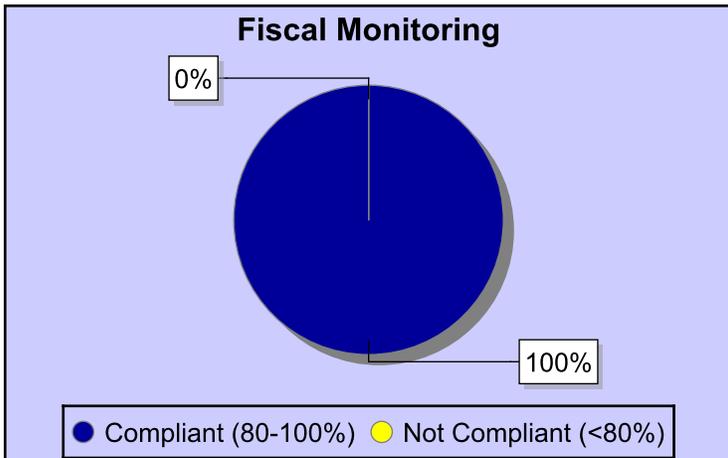
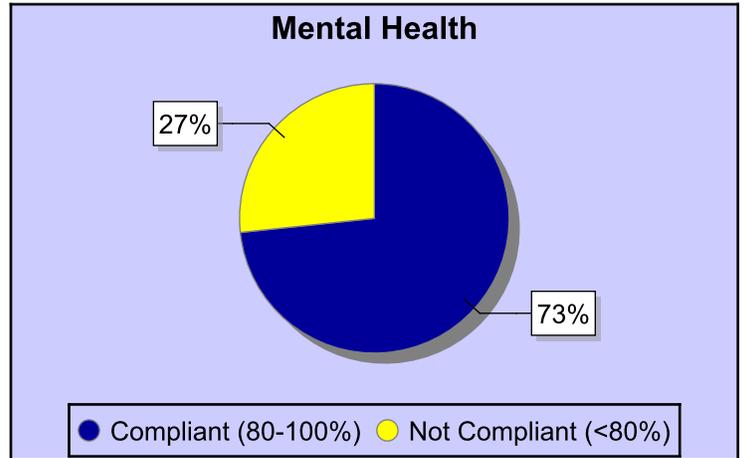
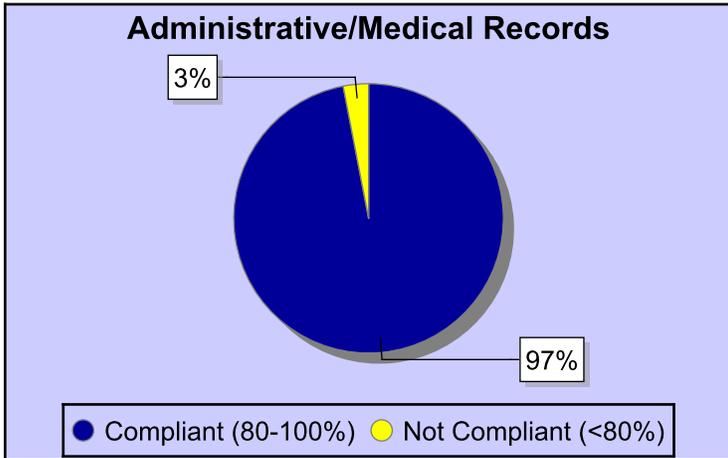
# Compliance Rate By Operational Categories for BRIDGEPORT FACILITY December 06, 2022



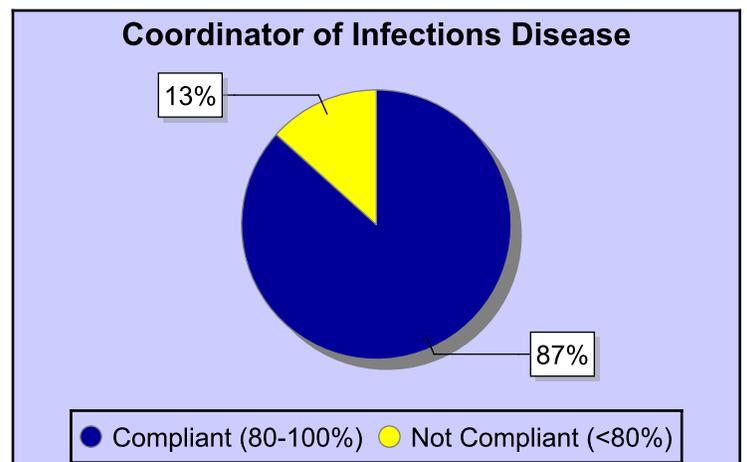
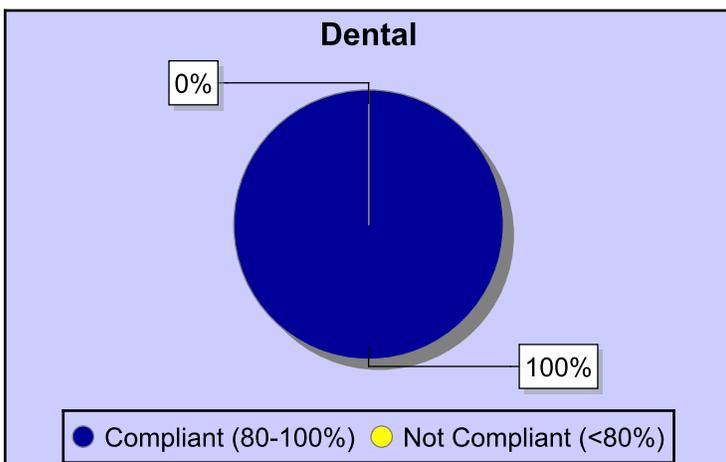
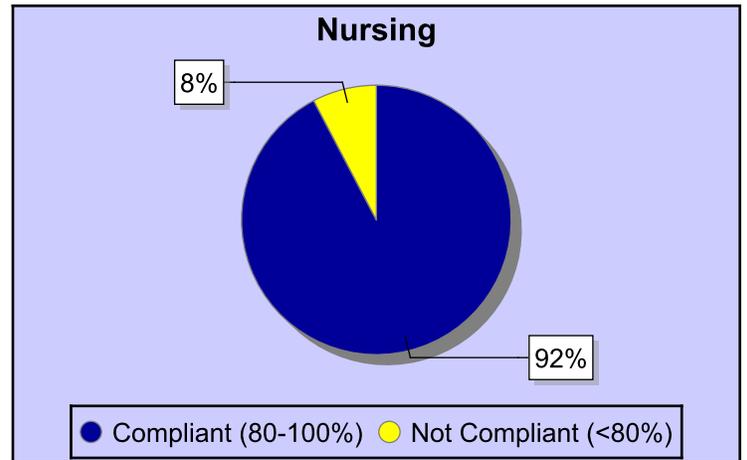
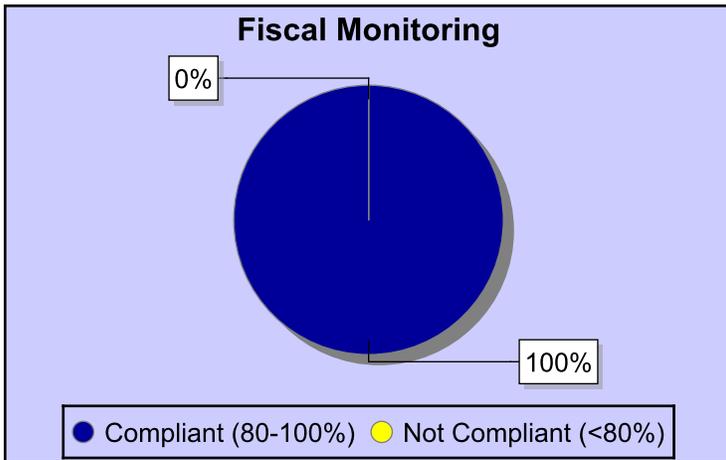
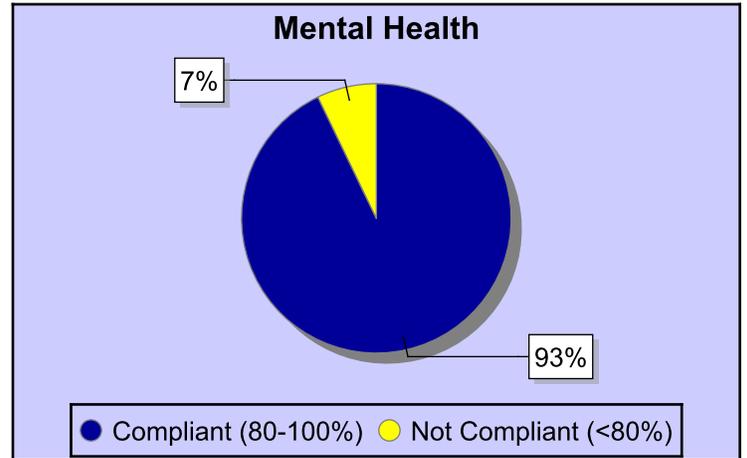
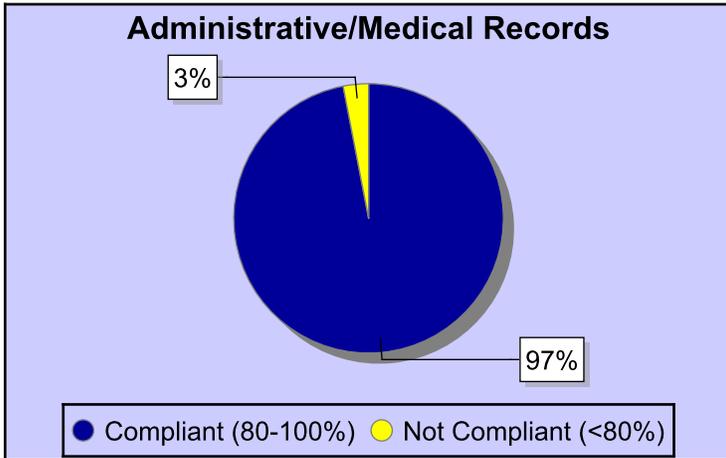
# Compliance Rate By Operational Categories for PACK FACILITY December 06, 2022



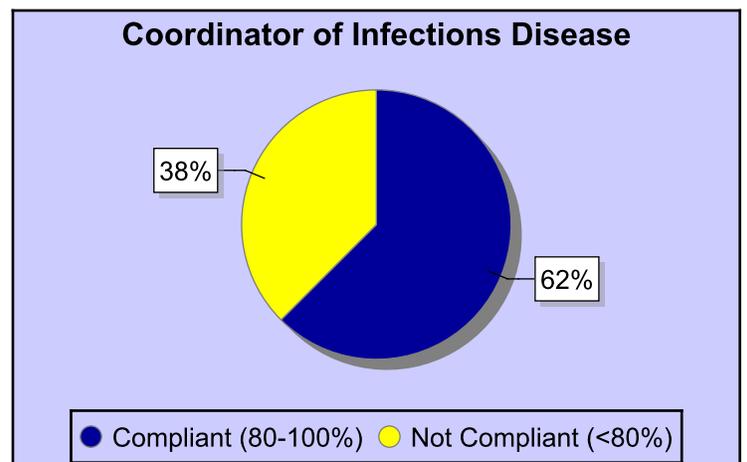
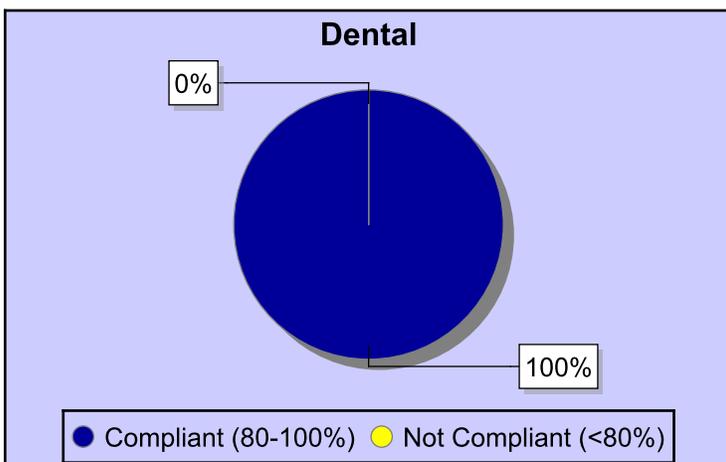
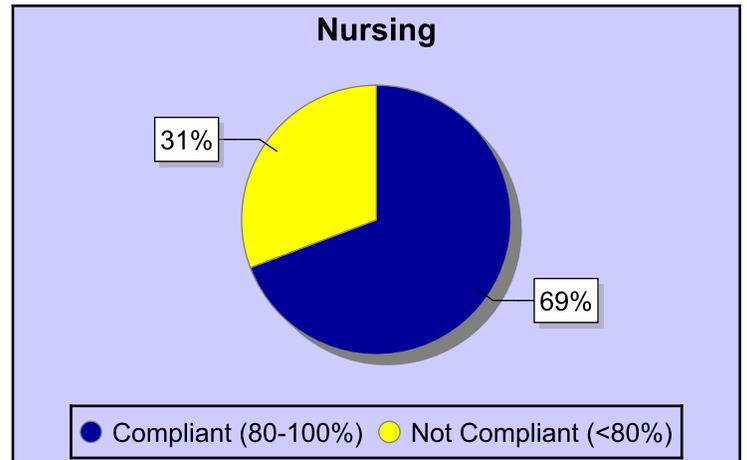
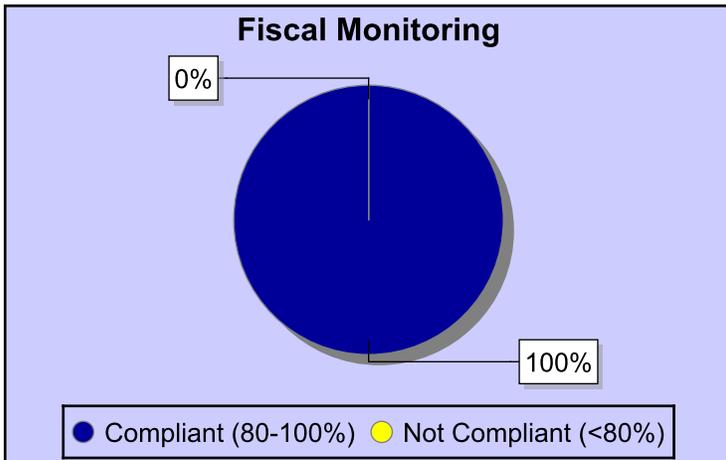
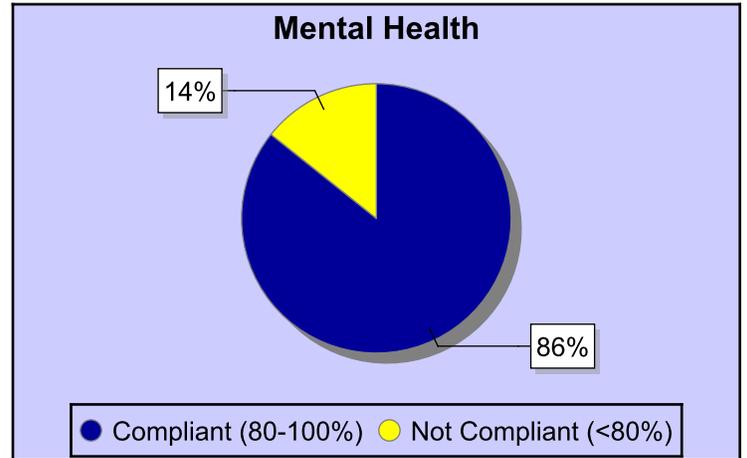
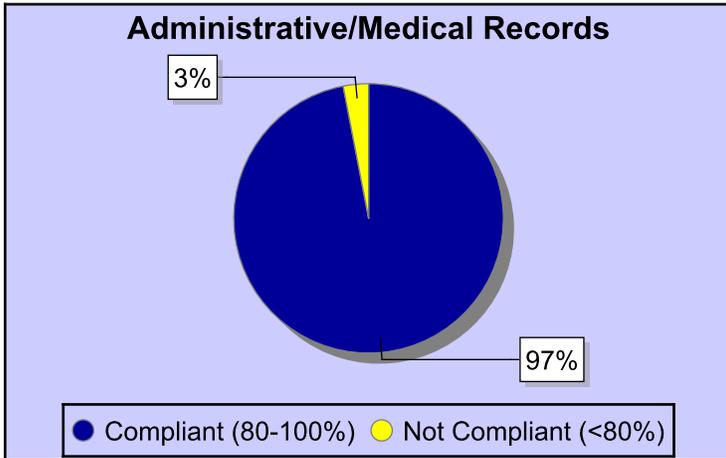
# Compliance Rate By Operational Categories for BOYD FACILITY January 10, 2023



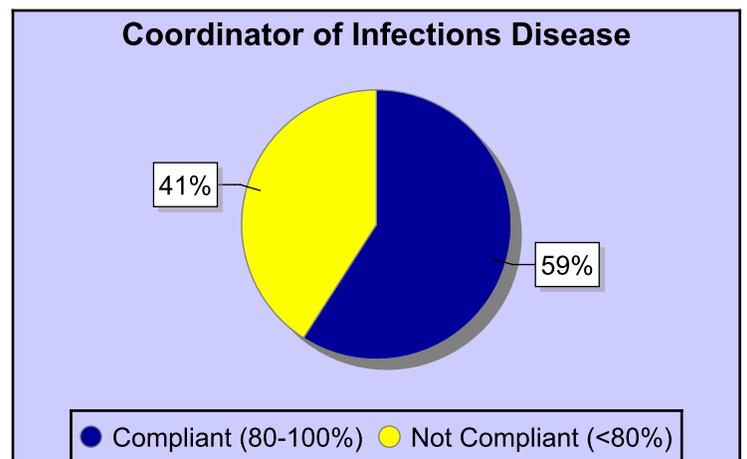
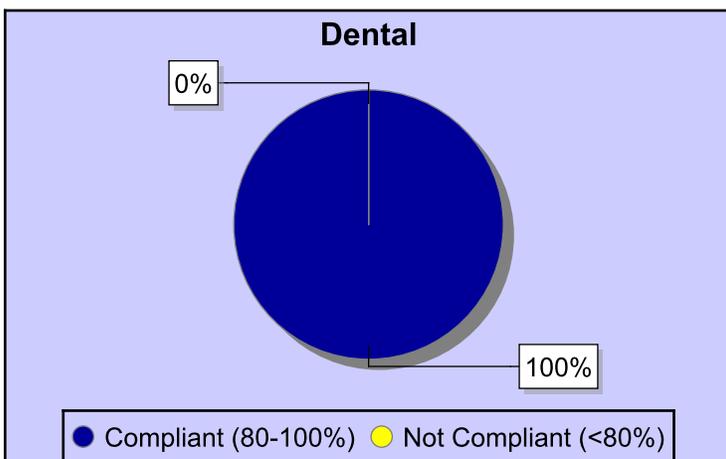
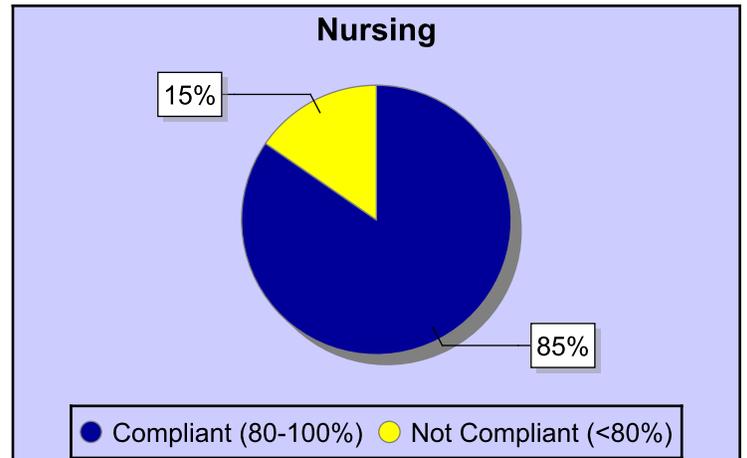
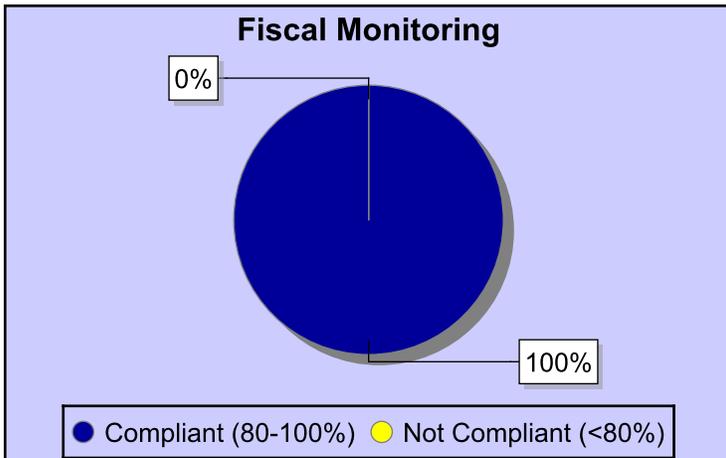
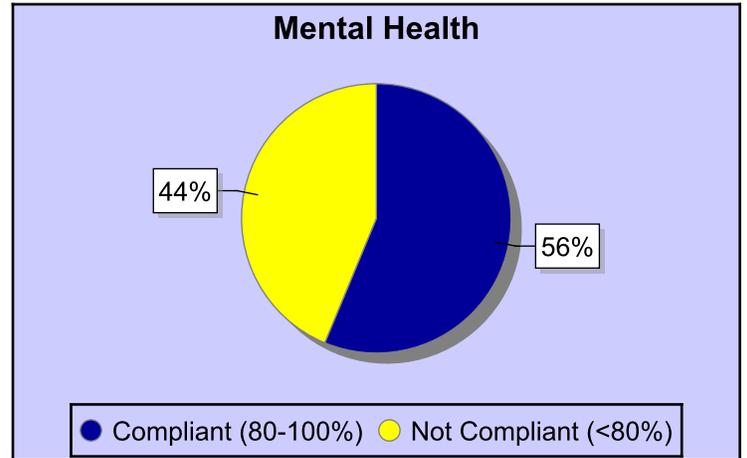
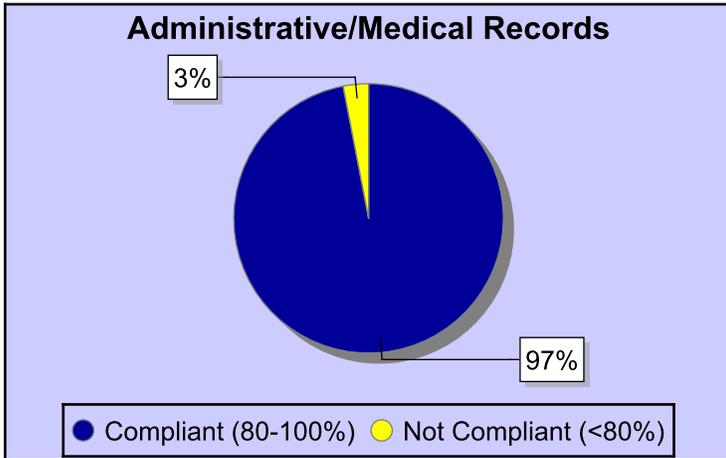
# Compliance Rate By Operational Categories for POWLEDGE FACILITY January 11, 2023



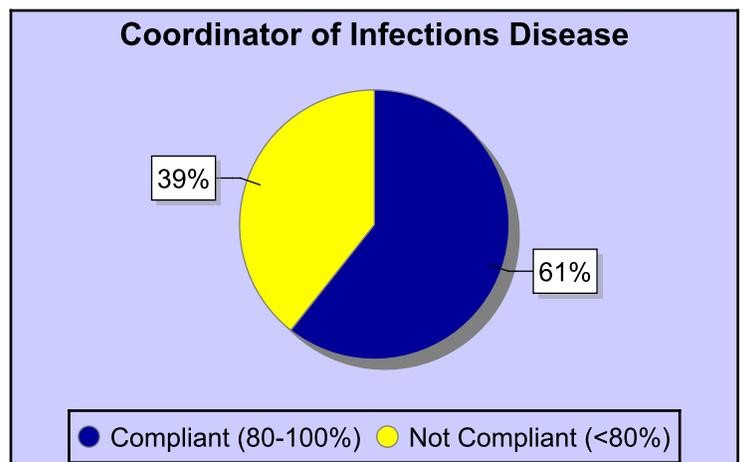
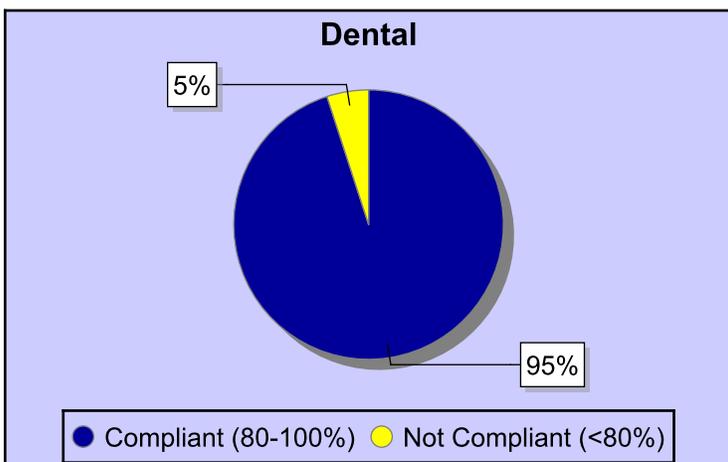
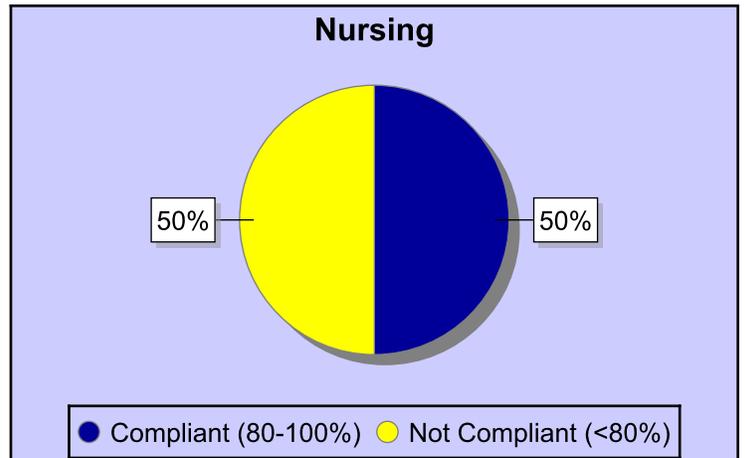
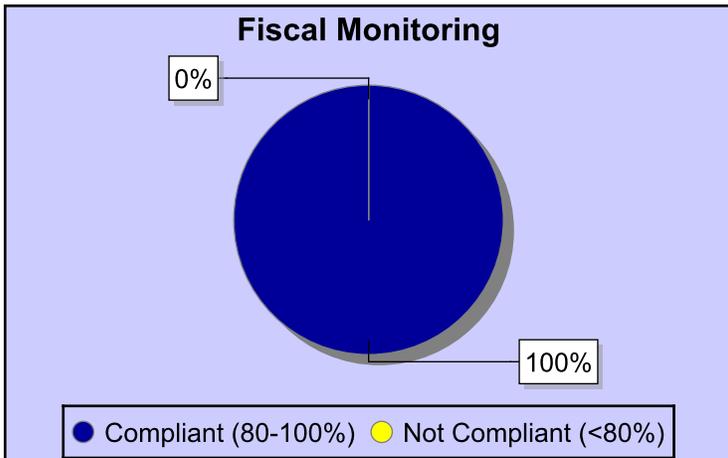
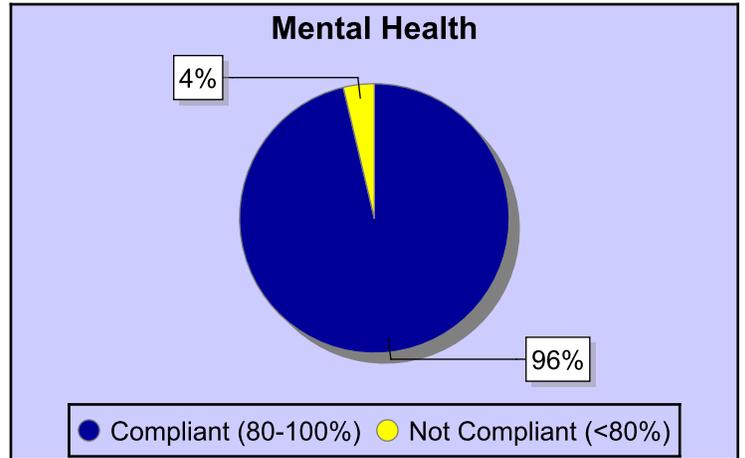
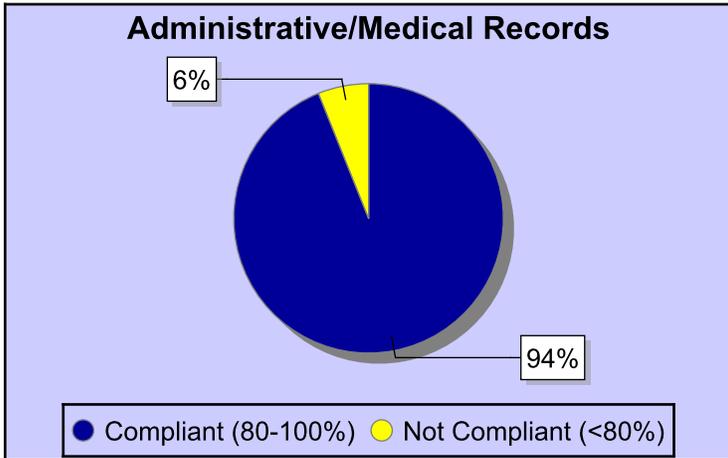
# Compliance Rate By Operational Categories for HAMILTON FACILITY January 12, 2023



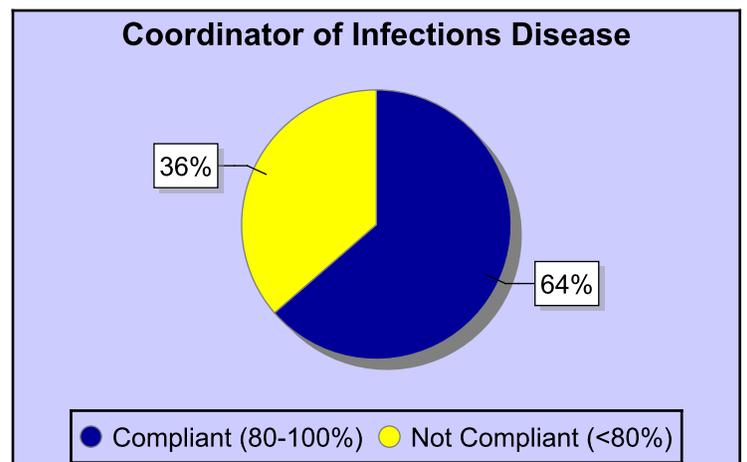
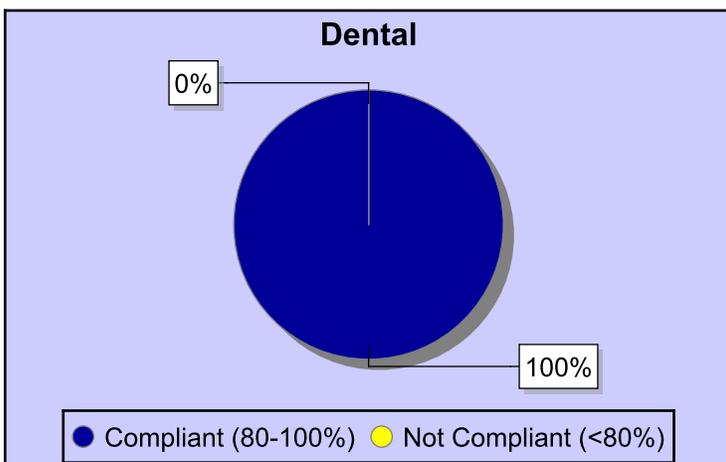
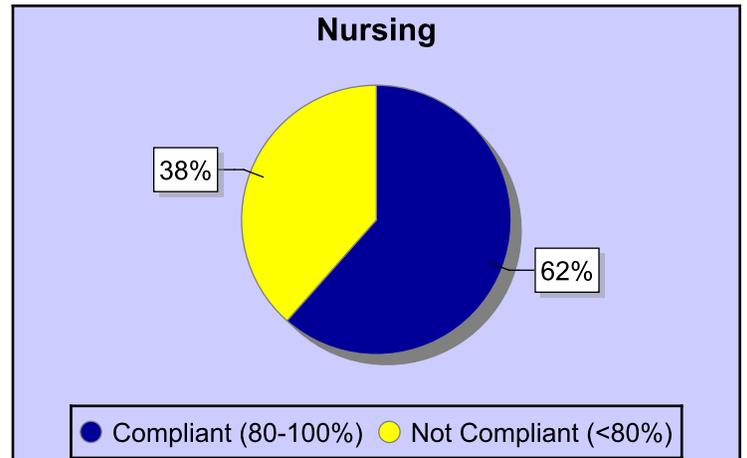
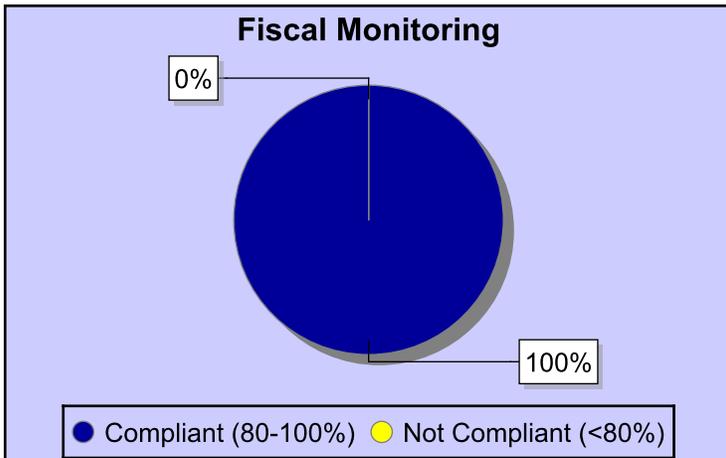
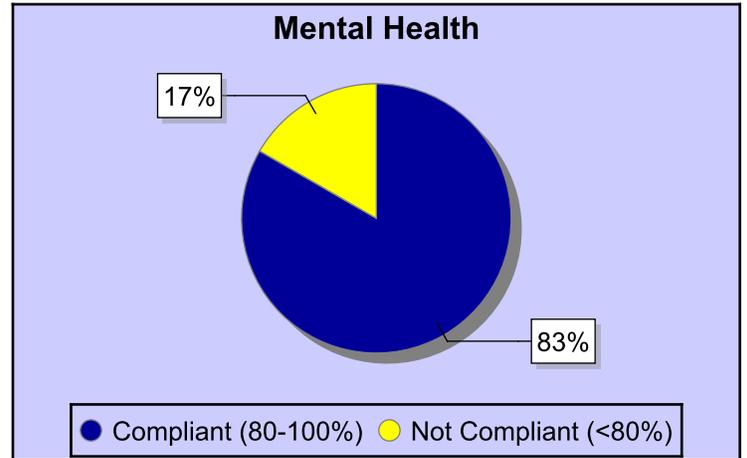
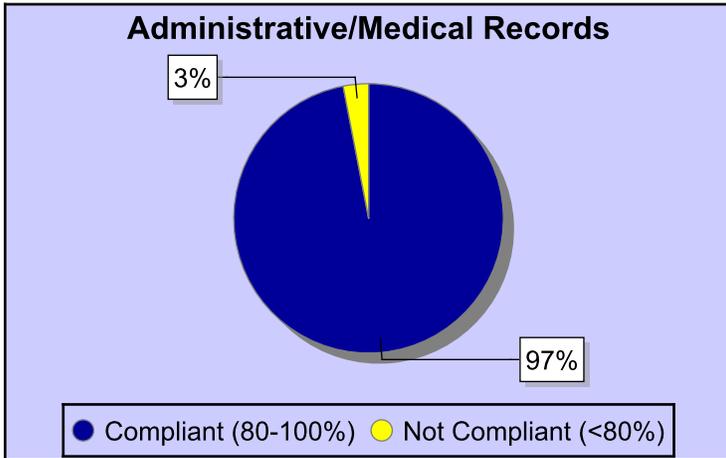
# Compliance Rate By Operational Categories for ELLIS FACILITY February 06, 2023



# Compliance Rate By Operational Categories for LEWIS FACILITY February 08, 2023



# Compliance Rate By Operational Categories for POLUNSKY FACILITY February 14, 2023



**Dental Quality of Care Audit  
Urgent Care Report  
For the Three Months Ended Feb 28, 2023**

**Urgent Care Definition:** Individuals, who in the dentist's professional judgment, require treatment for an acute oral or maxillofacial condition which may be accompanied by pain, infection, trauma, swelling or bleeding and is likely to worsen without immediate intervention. Individuals with this designation will receive definitive treatment within 14 days after a diagnosis is established by a dentist. Policy CMHC E 36.1

Facility	Charts Assessed by TDCJ as Urgent	Urgent Care Score *	Inmates receiving treatment but not within timeframe	Inmates identified as needing definitive care**
Coleman	10	100	0	0
Dominguez	10	100	0	0
Gist	10	100	0	0
Goree	10	100	0	0
Halbert	10	100	0	0
Hamilton	10	100	0	0
Henley	10	100	0	0
Kyle	10	100	0	0
LeBlanc	10	100	0	0
Plane	10	100	0	0
San Saba	10	100	0	0
Stiles	10	100	0	0
Travis County	10	100	0	0

\* Urgent Care score is determined:  $\frac{\text{\# of inmates that had symptoms and received definitive treatment with 14 days}}{\text{Total \# of inmates in audit}} = 100\%$

Total # of inmates in audit.

\*\*A Corrective Action is required by TDCJ Health Services if the Urgent Care score is below 80%

\*\*\*A Corrective Action is required by TDCJ Health Services giving the date and description of definitive care.

## PATIENT LIAISON AND STEP II GRIEVANCE STATISTICS QUALITY OF CARE/PERSONNEL REFERRALS AND ACTION REQUESTS

<b>STEP II GRIEVANCE PROGRAM (GRV)</b>										
Fiscal Year 2023	Total number of GRIEVANCE Correspondence Received Each Month	Total number of GRIEVANCE Correspondence Closed Each Month	Total number of Action Requests (Quality of Care, Personnel, and Process Issues)	Percent of Action Requests from Total # of GRIEVANCE Correspondence	Total number of Action Requests Referred to		Total number of Action Requests Referred		QOC*	
					University of Texas Medical Branch- Correctional Managed Health Care	Tech University Health Sciences Center- Correctional Managed Health Care	University of Texas Medical Branch- Correctional Managed Health Care	Tech University Health Sciences Center- Correctional Managed Health Care		
December	265	302	17	5.63%	15	5.96%	3	2	0.66%	0
January	244	293	46	15.70%	33	12.63%	4	13	5.46%	3
February	204	197	20	10.15%	20	13.20%	6	0	0.00%	0
<b>Totals:</b>	<b>713</b>	<b>792</b>	<b>83</b>	<b>10.48%</b>	<b>68</b>	<b>10.23%</b>	<b>13</b>	<b>15</b>	<b>2.27%</b>	<b>3</b>

<b>PATIENT LIAISON PROGRAM (PLP)</b>										
Fiscal Year 2023	Total number of Patient Liaison Program Correspondence Received Each Month	Total number of Patient Liaison Program Correspondence Closed Each Month	Total number of Action Requests (Quality of Care, Personnel, and Process Issues)	Percent of Action Requests from Total number of Patient Liaison Program Correspondence	Total number of Action Requests Referred to		Total number of Action Requests Referred		QOC*	
					University of Texas Medical Branch- Correctional Managed Health Care	Tech University Health Sciences Center- Correctional Managed Health Care	University of Texas Medical Branch- Correctional Managed Health Care	Tech University Health Sciences Center- Correctional Managed Health Care		
December	714	636	34	5.35%	31	5.35%	3	3	0.94%	3
January	1,055	686	7	1.02%	7	1.60%	4	0	0.00%	0
February	971	829	52	6.27%	44	7.84%	21	8	1.57%	5
<b>Totals:</b>	<b>2,740</b>	<b>2,151</b>	<b>93</b>	<b>4.32%</b>	<b>82</b>	<b>5.11%</b>	<b>28</b>	<b>11</b>	<b>0.88%</b>	<b>8</b>
<b>GRAND TOTAL=</b>	<b>3,453</b>	<b>2,943</b>	<b>176</b>	<b>5.98%</b>						

\*QOC= Quality of Care

Texas Department of Criminal Justice  
Office of Public Health  
Monthly Activity Report

December 2022

Reportable Condition	Reports			
	2022 This Month	2021 Same Month	2022 Year to Date*	2021 Year to Date*
Chlamydia	5	1	49	91
Gonorrhea	0	1	17	28
Syphilis	218	71	2619	1736
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	0	0	0
Hepatitis C, total and (acute <sup>‡</sup> )	134	239	1698	1688
Human immunodeficiency virus (HIV)+, known at intake	126	58	1,502	984
HIV screens, intake	4,303	2,331	38,575	24,545
HIV +, intake	49	24	418	300
HIV screens, offender- and provider-requested	518	162	5,624	4,059
HIV +, offender- and provider-requested	0	0	1	7
HIV screens, pre-release	2,078	918	23,577	20,048
HIV +, pre-release	0	0	0	0
Acquired immune deficiency syndrome (AIDS)	2	1	30	22
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	76	105	1054	1,186
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	29	27	343	352
Occupational exposures of TDCJ staff	10	8	102	92
Occupational exposures of medical staff	1	25	27	47
HIV chemoprophylaxis initiation	6	5	50	45
Tuberculosis skin test (ie, PPD) +, intake	80	28	815	456
Tuberculosis skin test +, annual	16	38	242	386
Tuberculosis, known (ie, on tuberculosis medications) at intake	0	0	8	5
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	0	1	5	1
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	3	0	15	21
Tuberculosis cases under management	23	16		
Peer education programs <sup>¶</sup>	0	0	91	99
Peer education educators <sup>⦿</sup>	17	21	8262	7,847
Peer education participants	3,829	3,241	46,721	29,062
Alleged assaults and chart reviews	84	84	1110	1109
Bloodborne exposure labs drawn on offenders	25	19	421	341
New Sero-conversions d/t sexual assault ±	0	0	0	0

\*\*\* Due to the PPD shortage: 6,163 TB screening interviews were from 12/01/2019 thru 12/31/2019

Total Interviews from 07/01/2019 thru 12/31/2019 33,431. 42 with possible signs/symptoms from 12/01/2019 to 12/31/2019. Total sign and symptoms from 07/01/2019 thru 12/31/2019 200 3 with abnormal chest x-rays

\* Year-to-date totals are for the calendar year. Year-to-date data may not equal sum of monthly data because of late reporting.

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‡ Hepatitis C cases in parentheses are acute cases; these are also included in the total number reported. Only acute cases are reportable to the Department of State Health Services

¶ New programs are indicated in the column marked "This Month"; total programs are indicated in the column marked "Year to Date."

⦿ New peer educators are indicated in the column marked "This Month"; total peer educators are indicated in the column marked "Year to Date."

± New sero-conversions. \* New reporting beginning August 1, 2011

Texas Department of Criminal Justice  
Office of Public Health  
Monthly Activity Report

January 2023

Reportable Condition	Reports			
	2023 This Month	2022 Same Month	2023 Year to Date*	2022 Year to Date*
Chlamydia	6	0	6	0
Gonorrhea	1	1	1	1
Syphilis	312	141	312	141
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	0	0	0
Hepatitis C, total and (acute <sup>‡</sup> )	125	186	125	186
Human immunodeficiency virus (HIV) +, known at intake	147	41	147	41
HIV screens, intake	4,096	1,938	4,096	1,938
HIV +, intake	43	27	43	27
HIV screens, offender- and provider-requested	521	162	521	162
HIV +, offender- and provider-requested	0	0	0	0
HIV screens, pre-release	2,472	775	2,472	775
HIV +, pre-release	0	0	0	0
Acquired immune deficiency syndrome (AIDS)	6	2	6	2
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	88	81	88	81
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	34	23	34	23
Occupational exposures of TDCJ staff	8	3	8	3
Occupational exposures of medical staff	0	1	0	1
HIV chemoprophylaxis initiation	7	2	7	2
Tuberculosis skin test (ie, PPD) +, intake	46	30	46	30
Tuberculosis skin test +, annual	9	11	9	11
Tuberculosis, known (ie, on tuberculosis medications) at intake	0	0	0	0
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	0	0	0	0
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	1	30	1	30
Tuberculosis cases under management	23	2		
Peer education programs <sup>¶</sup>	0	0	91	91
Peer education educators <sup>∞</sup>	59	5	8,321	7,852
Peer education participants	4,893	2,094	4,893	2,094
Alleged assaults and chart reviews	86	63	86	63
Bloodborne exposure labs drawn on offenders	42	21	42	21
New Zero-conversions d/t sexual assault ±	0	0	0	0

\* Year-to-date totals are for the calendar year. Year-to-date data may not equal sum of monthly data because of late reporting.

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¶ New programs are indicated in the column marked "This Month"; total programs are indicated in the column marked "Year to Date."

∞ New peer educators are indicated in the column marked "This Month"; total peer educators are indicated in the column marked "Year to Date."

± New sero-conversions. \* New reporting beginning August 1, 2011

Texas Department of Criminal Justice  
Office of Public Health  
Monthly Activity Report

February 2023

Reportable Condition	Reports			
	2023 This Month	2022 Same Month	2023 Year to Date*	2022 Year to Date*
Chlamydia	4	2	10	2
Gonorrhea	0	1	1	1
Syphilis	364	171	676	312
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	0	0	0
Hepatitis C, total and (acute <sup>‡</sup> )	100	272	225	458
Human immunodeficiency virus (HIV) +, known at intake	156	105	303	146
HIV screens, intake	4,419	2,887	8,515	4,825
HIV +, intake	35	26	78	53
HIV screens, offender- and provider-requested	563	384	1,084	546
HIV +, offender- and provider-requested	1	0	1	0
HIV screens, pre-release	2,092	2,207	4,564	2,982
HIV +, pre-release	0	0	0	0
Acquired immune deficiency syndrome (AIDS)	3	2	9	4
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	43	82	131	168
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	19	24	53	50
Occupational exposures of TDCJ staff	3	6	11	16
Occupational exposures of medical staff	1	1	1	3
HIV chemoprophylaxis initiation	4	0	11	1
Tuberculosis skin test (ie, PPD) +, intake	66	54	112	84
Tuberculosis skin test +, annual	18	25	27	36
Tuberculosis, known (ie, on tuberculosis medications) at intake	0	0	0	0
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	0	0	0	0
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	2	1	3	1
Tuberculosis cases under management	23	1		
Peer education programs <sup>¶</sup>	0	0	91	91
Peer education educators <sup>∞</sup>	17	4	8338	7,860
Peer education participants	5,800	2,450	10,738	4,544
Alleged assaults and chart reviews	90	88	176	151
Bloodborne exposure labs drawn on offenders	34	27	76	48
New Sero-conversions d/t sexual assault ±	0	0	0	0

\* Year-to-date totals are for the calendar year. Year-to-date data may not equal sum of monthly data because of late reporting.

‡ Hepatitis C cases in parentheses are acute cases; these are also included in the total number reported. Only acute cases are reportable to the Department of State Health Services

¶ New programs are indicated in the column marked "This Month"; total programs are indicated in the column marked "Year to Date."

∞ New peer educators are indicated in the column marked "This Month"; total peer educators are indicated in the column marked "Year to Date."

± New sero-conversions. \* New reporting beginning August 1, 2011

**Health Services Utilization Review Hospital and Infirmiry Discharge Audit**

During the 2nd Quarter of Fiscal Year 2023, ten percent of the UTMB and TTUHSC hospital and infirmiry discharges were audited. A total of 416 hospital discharge and 89 infirmiry discharge audits were conducted. This chart is a summary of the audits showing the number of cases with deficiencies and their percentage.

<b>Freeworld Hospital Discharges in Texas Tech Sector</b>									
Month	Charts Audited	Vital Signs Not Recorded <sup>1</sup> (Cases with Deficiencies)	Appropriate receiving Facility <sup>2</sup> (Cases with Deficiencies)	No Chain-In Done <sup>3</sup> (Cases with Deficiencies)	Unscheduled Care within 7 Days <sup>4</sup> (Cases with Deficiencies)	Lacked Documentation <sup>5</sup> (Cases with Deficiencies)			
December	21	5	23.81%	0	N/A	0	N/A	2	9.52%
January	30	9	30.00%	0	N/A	0	N/A	4	13.33%
February	15	0	N/A	0	N/A	0	N/A	0	N/A
Total/Average	66	14	21.21%	0	N/A	0	N/A	6	9.09%
<b>Freeworld Hospital Discharges in UTMB Sector</b>									
Month	Charts Audited	Vital Signs Not Recorded <sup>1</sup> (Cases with Deficiencies)	Appropriate receiving Facility <sup>2</sup> (Cases with Deficiencies)	No Chain-In Done <sup>3</sup> (Cases with Deficiencies)	Unscheduled Care within 7 Days <sup>4</sup> (Cases with Deficiencies)	Lacked Documentation <sup>5</sup> (Cases with Deficiencies)			
December	80	34	42.50%	0	N/A	1	1.25%	25	31.25%
January	96	22	22.92%	0	N/A	0	N/A	14	14.58%
February	84	17	20.24%	0	N/A	2	2.38%	20	23.81%
Total/Average	260	73	28.08%	0	N/A	3	1.15%	59	22.69%
<b>UTMB Hospital Galveston Discharges</b>									
Month	Charts Audited	Vital Signs Not Recorded <sup>1</sup> (Cases with Deficiencies)	Appropriate receiving Facility <sup>2</sup> (Cases with Deficiencies)	No Chain-In Done <sup>3</sup> (Cases with Deficiencies)	Unscheduled Care within 7 Days <sup>4</sup> (Cases with Deficiencies)	Lacked Documentation <sup>5</sup> (Cases with Deficiencies)			
December	30	3	10.00%	0	N/A	3	10.00%	0	N/A
January	40	0	N/A	0	N/A	1	2.50%	0	N/A
February	20	0	N/A	0	N/A	0	N/A	0	N/A
Total/Average	90	3	3.33%	0	N/A	4	4.44%	0	N/A
<b>GRAND TOTAL: Combined Hospital Discharges (Texas Tech Sector, UTMB Sector and Hospital Galveston)</b>									
Month	Charts Audited	Vital Signs Not Recorded <sup>1</sup> (Cases with Deficiencies)	Appropriate Receiving Facility <sup>2</sup> (Cases with Deficiencies)	No Chain-In Done <sup>3</sup> (Cases with Deficiencies)	Unscheduled Care within 7 Days <sup>4</sup> (Cases with Deficiencies)	Lacked Documentation <sup>5</sup> (Cases with Deficiencies)			
December	131	42	32.06%	0	N/A	4	3.05%	27	20.61%
January	166	31	18.67%	0	N/A	1	0.60%	18	10.84%
February	119	17	14.29%	0	N/A	2	1.68%	20	16.81%
Total/Average	416	90	21.63%	0	N/A	7	1.68%	65	15.63%
<b>Texas Tech Infirmiry Discharges</b>									
Month	Charts Audited	Vital Signs Not Recorded <sup>1</sup> (Cases with Deficiencies)	Appropriate receiving Facility <sup>2</sup> (Cases with Deficiencies)	No Chain-In Done <sup>3</sup> (Cases with Deficiencies)	Unscheduled Care within 7 Days <sup>4</sup> (Cases with Deficiencies)	Lacked Documentation <sup>5</sup> (Cases with Deficiencies)			
December	14	0	N/A	0	N/A	0	N/A	0	N/A
January	16	3	18.75%	0	N/A	0	N/A	0	N/A
February	12	10	83.33%	0	N/A	2	16.67%	8	66.67%
Total/Average	42	13	30.95%	0	N/A	2	4.76%	8	19.05%
<b>UTMB Infirmiry Discharges</b>									
Month	Charts Audited	Vital Signs Not Recorded <sup>1</sup> (Cases with Deficiencies)	Appropriate receiving Facility <sup>2</sup> (Cases with Deficiencies)	No Chain-In Done <sup>3</sup> (Cases with Deficiencies)	Unscheduled Care within 7 Days <sup>4</sup> (Cases with Deficiencies)	Lacked Documentation <sup>5</sup> (Cases with Deficiencies)			
December	13	3	23.08%	0	N/A	1	7.69%	0	N/A
January	9	0	N/A	0	N/A	0	N/A	0	N/A
February	25	0	N/A	0	N/A	0	N/A	0	N/A
Total/Average	47	3	6.38%	0	N/A	1	2.13%	0	N/A
<b>GRAND TOTAL: Combined Infirmiry Discharges (Texas Tech and UTMB)</b>									
Month	Charts Audited	Vital Signs Not Recorded <sup>1</sup> (Cases with Deficiencies)	Appropriate Receiving Facility <sup>2</sup> (Cases with Deficiencies)	No Chain-In Done <sup>3</sup> (Cases with Deficiencies)	Unscheduled Care within 7 Days <sup>4</sup> (Cases with Deficiencies)	Lacked Documentation <sup>5</sup> (Cases with Deficiencies)			
December	27	3	11.11%	0	N/A	1	3.70%	0	N/A
January	25	3	12.00%	0	N/A	0	N/A	0	N/A
February	37	10	27.03%	0	N/A	2	5.41%	8	21.62%
Total/Average	89	16	17.98%	0	N/A	3	3.37%	8	8.99%

**Footnotes:** 1. Vital signs were not recorded on the day the offender left the discharge facility. 2. Receiving facility did not have medical services available sufficient to meet the offender's current needs. 3. Chart not reviewed by a health care member and referred (if applicable) to an appropriate medical provider as required by policy. 4. The offender required unscheduled medical care related to the admitting diagnosis within the first seven days after discharge. 5. Discharge information was not available in the offender's electronic medical record within 24 hours of arriving at the unit.

**FIXED ASSETS CONTRACT MONITORING AUDIT  
BY UNIT  
SECOND QUARTER, FISCAL YEAR 2023**

Dec-22	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
<b>Bridgeport</b>	9	0	0	4
<b>Pack</b>	38	2	1	9

Jan 23	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
<b>Boyd</b>	45	0	0	1
<b>Hamilton</b>	19	10	16	8
<b>Powledge</b>	28	0	0	0

Feb-23	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
<b>Ellis</b>	27	0	0	4
<b>Lewis</b>	79	2	0	6
<b>Polunsky</b>	50	0	0	9

**CAPITAL ASSETS AUDIT  
SECOND QUARTER, FISCAL YEAR 2023**

<b>Audit Tools</b>	<b>December</b>	<b>January</b>	<b>February</b>	<b>Total</b>
<b>Total number of units audited</b>	2	3	3	8
<b>Total numbered property</b>	47	92	156	295
<b>Total number out of compliance</b>	0	0	0	0
<b>Total % out of compliance</b>	0.00%	0.00%	0.00%	0.00%

**AMERICAN CORRECTIONAL ASSOCIATION  
ACCREDITATION STATUS REPORT**

**Second Quarter FY-2023**

**University of Texas Medical Branch**

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Bradshaw	December 28-30, 2022	100%	99.5%
Glossbrenner	February 6-8, 2023	100%	99.3%

**Texas Tech University Health Science Center**

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Formby/Wheeler	February 13-15, 2023	100%	98.42%

**Research and Development Department**

**Medical Director Report – Q2 FY2023**

---

**Project Number: 001-CR23 – ACTIVE**

**Researcher:** Nancy Rodriguez

**Proponent:** University of California, Irvine

**Project Title:** The Sources and Consequences of Prison Violence

**IRB #:** HB-2020-6063

**IRB Expiration Date:**

**Project Begin Date:**

**Project Status:**

**Project Completion Date:**

**Progress Report Due Date:**

**Units Visited:**

---

**Project Number: 002-CR23 – ACTIVE**

**Researcher:** Scott Cunningham

**Proponent:** Baylor University

**Project Title:** Analyzing the Peer-Evaluation Program and Updating the Suicide Risk Assessment Model of the Texas Department of Criminal Justice

**IRB #:**

**IRB Expiration Date:**

**Project Begin Date:**

**Project Status:**

**Project Completion Date:**

**Progress Report Due Date:**

**Units Visited:**

---

**Project Number: 202-RL02 – ACTIVE**

**Researcher:** Vicki Wilmer

**Proponent:** NORC at the University of Chicago

**Project Title:** National Longitudinal Study of Youth (1997)

**IRB #:** 12.06.05

**IRB Expiration Date:** 07/19/2023

**Project Begin Date:** 04/25/2006

**Project Status:** Data Analysis

**Project Completion Date:** N/A

**Progress Report Due Date:** 07/10/2023

**Units Visited:** Bridgeport Unit, Young Unit

---

**Project Number: 221-RL02 – ACTIVE**

**Researcher:** Vicki Wilmer

**Proponent:** NORC at the University of Chicago

**Project Title:** National Longitudinal Study of Youth (1979)

**IRB #:** 12.06.05

**IRB Expiration Date:** 07/19/2023

**Project Begin Date:** 04/25/2006

**Project Status:** Data Analysis

**Project Completion Date:** N/A

**Progress Report Due Date:** 07/11/2023

**Units Visited:** B. Moore Unit, Boyd Unit, Clements Unit, Cotulla Unit, Estes Unit, Ferguson Unit, Havins Unit, Holliday Unit, Jordan Unit, Lewis Unit, Lopez State Jail, McConnell Unit, Memorial Unit, Murray Unit, Neal Unit, Plane State Jail, Ramsey Unit, Roach Unit, Sanchez Unit, Scott Unit, Smith Unit, Stevenson Unit, Stringfellow Unit, Telford Unit, Torres Unit, Travis County State Jail, Wallace Unit, Willacy County State Jail, Young Unit

---

**Project Number: 510-AR07 – ACTIVE**

**Researcher:** Rachel Casper  
**Proponent:** Research Triangle Institute  
**Project Title:** Year 4 2023 National Inmate Survey – Prisons (NIS-4P)  
**IRB #:** MOD00001636  
**IRB Expiration Date:** 09/05/2023  
**Project Begin Date:**  
**Project Status:** Data Collection  
**Project Completion Date:** N/A  
**Progress Report Due Date:**  
**Units Visited:** N/A

---

**Project Number: 587-AR09 – ACTIVE**

**Researcher:** Marcus Boccaccini  
**Proponent:** Sam Houston State University  
**Project Title:** Item and Factor Level Examination of the Static-99, MNSOST-R, and PCL-R to Predict Recidivism  
**IRB #:** FY2009-032  
**IRB Expiration Date:** 06/01/2023  
**Project Begin Date:** 10/14/2009  
**Project Status:** Publication Process  
**Project Completion Date:** N/A  
**Progress Report Due Date:** 07/07/2023  
**Units Visited:** N/A

---

**Project Number: 686-AR13 – ACTIVE**

**Researcher:** Jeffrey Bouffard  
**Proponent:** Iowa State University  
**Project Title:** Criminal Decision Making Among Adult Felony Inmates  
**IRB #:** 2013-10-12362  
**IRB Expiration Date:** 10/12/2014  
**Project Begin Date:** 04/11/2014  
**Project Status:** Publication Process  
**Project Completion Date:** N/A  
**Progress Report Due Date:** 06/12/2023  
**Units Visited:** Holliday Unit

---

**Project Number: 723-AR15 – ACTIVE**

**Researcher:** David Pyrooz

**Proponent:** University of Colorado

**Project Title:** Gangs on the Street, Gangs in Prison: Their Nature, Interrelationship, Control, and Reentry

**IRB #:** STUDY00001971

**IRB Expiration Date:** 12/11/2020

**Project Begin Date:** 04/08/2016

**Project Status:** Publication Process

**Project Completion Date:** N/A

**Progress Report Due Date:** 06/12/2023

**Units Visited:** Estelle Unit, Goodman Unit, Huntsville Unit, Kegans Unit, Lopez State Jail, Luther Unit, Lychner Unit, McConnell Unit, Mechler Unit, Travis County State Jail

---

**Project Number: 783-AR18 – ACTIVE**

**Researcher:** Jessica Le

**Proponent:** Justice System Partners

**Project Title:** Multi-Site Randomized Controlled Trial of the 5 Key Model for Reentry

**IRB #:** IRB00000446

**IRB Expiration Date:** 12/07/2023

**Project Begin Date:** 06/06/2018

**Project Status:** Data Collection

**Project Completion Date:** N/A

**Progress Report Due Date:** 06/30/2023

**Units Visited:** B. Moore Unit, Beto Unit, Bradshaw State Jail, C. Moore Unit, Coffield Unit, Cole State Jail, Crain Unit, Estelle Unit, Estes Unit, Goree Unit, Gurney Unit, Hamilton Unit, Hutchins State Jail, LeBlanc Unit, Lindsey State Jail, Middleton Unit, Telford Unit, Woodman Unit

---

**Project Number: 785-AR18 – ACTIVE**

**Researcher:** Erin Orrick

**Proponent:** Sam Houston State University

**Project Title:** Correctional Officer Attrition

**IRB #:** FY2018-38251

**IRB Expiration Date:** 08/20/2021

**Project Begin Date:** 10/01/2018

**Project Status:** Data Collection

**Project Completion Date:** N/A

**Progress Report Due Date:** 04/05/2023

**Units Visited:** Byrd Unit, Ellis Unit, Estelle Unit, Ferguson Unit, Goree Unit, Holliday Unit, Huntsville Unit, Wynne Unit

---

**Project Number: 841-AR21 – ACTIVE**

**Researcher:** Kevin Knight

**Proponent:** Texas Christian University

**Project Title:** Justice Community Opioid Innovation Network (JCOIN)

**IRB #:** 1920147AM8

**IRB Expiration Date:** 05/12/2023

**Project Begin Date:** 07/15/2022

**Project Status:** Data Collection

**Project Completion Date:** N/A

**Progress Report Due Date:** 09/27/2023

**Units Visited:** N/A

---

**Project Number: 852-AR22 – ACTIVE**

**Researcher:** Michael Cavanaugh

**Proponent:** University of Houston-Downtown

**Project Title:** The Change Agent Evaluation

**IRB #:** 2022

**IRB Expiration Date:** 03/02/2024

**Project Begin Date:** 08/10/2022

**Project Status:** Data Collection

**Project Completion Date:** N/A

**Progress Report Due Date:** 05/10/2023

**Units Visited:** Wynne Unit

---

**Project Number: 867-AR23(D) – PENDING**

**Researcher:** Beatriz Amalfi

**Proponent:** Sam Houston State University

**Project Title:** Assessing and Improving the Predictive Validity of the TRAS

**IRB #:** 2023-30

**IRB Expiration Date:** 03/02/2026

**Project Begin Date:**

**Project Status:**

**Project Completion Date:**

**Progress Report Due Date:**

**Units Visited:**

---

**Project Number: 876-AR23 – PENDING**

**Researcher:** Melanie Trexler

**Proponent:** Roanoke College

**Project Title:** Muslim Correctional Chaplaincy

**IRB #:** 22025\_TREXLER

**IRB Expiration Date:** 05/22/2024

**Project Begin Date:**

**Project Status:**

**Project Completion Date:**

**Progress Report Due Date:**

**Units Visited:**

---

**Project Number: 879-AR23 – PENDING**

**Researcher:** Stuti Kokkalera

**Proponent:** Sam Houston State University

**Project Title:** Navigating Reentry: The Juvenile Lifer Experience

**IRB #:** 2023-35

**IRB Expiration Date:**

**Project Begin Date:**

**Project Status:**

**Project Completion Date:**

**Progress Report Due Date:**

**Units Visited:**

**Research and Development Department**

**Medical Director Report – Q2 FY2023**

---

**Project Number: 615-RM10 – ACTIVE**

**Researcher:** Heather Stevenson-Lerner  
**Proponent:** University of Texas Medical Branch  
**Project Title:** Serum Markers of Hepatocellular Cancer  
**IRB #:** 11-069  
**IRB Expiration Date:** 06/30/2022  
**Project Begin Date:** 06/03/2011  
**Project Status:** Publication Process  
**Project Completion Date:** N/A  
**Progress Report Due Date:** 06/12/2023  
**Units Visited:** Hospital Galveston

---

**Project Number: 729-RM15 – ACTIVE**

**Researcher:** Jacques Baillargeon  
**Proponent:** University of Texas Medical Branch  
**Project Title:** The Health and Healthcare Needs of Older Prisoners – Epidemiology in the Texas Prison System  
**IRB #:** 14-0283  
**IRB Expiration Date:** 12/31/2021  
**Project Begin Date:** 10/1/2015  
**Project Status:** Publication Process  
**Project Completion Date:** N/A  
**Progress Report Due Date:** 07/11/2023  
**Units Visited:** N/A

---

**Project Number: 825-RM21 – ACTIVE****Researcher:** Douglas Tyler**Proponent:** University of Texas Medical Branch**Project Title:** Retrospective Data Analysis of the TDCJ's Surgical Patients**IRB #:** 17-0160**IRB Expiration Date:** 06/16/2023**Project Begin Date:** 03/05/2021**Project Status:** Publication Process**Project Completion Date:** N/A**Progress Report Due Date:** 06/02/2023**Units Visited:** N/A

---

**Project Number: 843-RM21 – ACTIVE****Researcher:** Brian Wong**Proponent:** University of Texas Medical Branch**Project Title:** Retrospective Analysis on Efficacy of Trans-Arterial Chemoembolization Patients with Unresectable Hepatocellular Carcinoma at a Single Institution**IRB #:** 21-0053**IRB Expiration Date:****Project Begin Date:** 08/01/2022**Project Status:** Data Analysis**Project Completion Date:** N/A**Progress Report Due Date:** 04/11/2023**Units Visited:** N/A

---

**Project Number: 846-RM22 – ACTIVE****Researcher:** Michelle Munch**Proponent:** University of Texas Medical Branch**Project Title:** COVID-19 Vaccination and Factors Associated with Acceptance**IRB #:** 21-0312**IRB Expiration Date:****Project Begin Date:** 09/26/2022**Project Status:** Data Analysis**Project Completion Date:** N/A**Progress Report Due Date:** 06/26/2023**Units Visited:** N/A

---

**Project Number: 847-RM22 – ACTIVE****Researcher:** Judith Aronson**Proponent:** University of Texas Medical Branch**Project Title:** The Role of Autopsy in Quality Assurance: Pilot Study of a Method for Prospective Reporting of Diagnostic Errors Discovered in Autopsy**IRB #:** 45 CFR EXEMPT**IRB Expiration Date:****Project Begin Date:** 09/20/2022**Project Status:** Publication Process**Project Completion Date:** N/A**Progress Report Due Date:** 06/20/2023**Units Visited:** N/A

---

**Project Number: 853-RM22 – ACTIVE****Researcher:** Michael Zhao**Proponent:** University of Texas Medical Branch**Project Title:** Improving Hypertension in Inmates at Ney Prison**IRB #:** 45 CFR EXEMPT**IRB Expiration Date:****Project Begin Date:** 12/5/2022**Project Status:** Data Collection**Project Completion Date:** N/A**Progress Report Due Date:** 04/05/2023**Units Visited:** Ney Unit

---

**Project Number: 855-RM22 – ACTIVE****Researcher:** Ayman Youssef**Proponent:** University of Texas Medical Branch**Project Title:** Cytokine Release Syndrome with Development of Features of Hemophagocytic Lymphohistiocytosis After First Dose Pembrolizumab: An Institutional Experience and Diagnostic Approach**IRB #:** 45 CFR EXEMPT**IRB Expiration Date:****Project Begin Date:** 12/5/2022**Project Status:** Data Collection**Project Completion Date:** N/A**Progress Report Due Date:** 04/05/2023**Units Visited:** N/A

---

**Project Number: 860-RM23 – ACTIVE****Researcher:** April McDougal**Proponent:** University of Texas Medical Branch**Project Title:** Candida Auris Pseudo-Outbreak Among Hospitalized Incarcerated Individuals**IRB #:** 45 CFR EXEMPT**IRB Expiration Date:****Project Begin Date:** 02/28/2023**Project Status:** Data Analysis**Project Completion Date:** N/A**Progress Report Due Date:** 05/28/2023**Units Visited:** N/A

---

**Project Number: 863-RM23 – PENDING****Researcher:** Patricia Blair**Proponent:** University of Texas Medical Branch**Project Title:** The Effect of Health Teaching and Lifestyle Modification on Improving Medication Adherence in Persons with Hypertension in Correctional Settings**IRB #:****IRB Expiration Date:****Project Begin Date:****Project Status:****Project Completion Date:****Progress Report Due Date:****Units Visited:**

---

**Project Number: 874-RM23 – PENDING****Researcher:** Hamza Raja**Proponent:** University of Texas Medical Branch**Project Title:** Treatment and Outcomes of Bankart Repair with Tibial Allograft in Inmates with Recurrent Shoulder Dislocations**IRB #:****IRB Expiration Date:****Project Begin Date:****Project Status:****Project Completion Date:****Progress Report Due Date:****Units Visited:**

---

**Project Number: 875-RM23 – PENDING**

**Researcher:** Maria Belalcazar

**Proponent:** University of Texas Medical Branch

**Project Title:** High-Dose Dexamethason Suppression Testing in Cushing’s Disease: Improving Diagnostic Accuracy to Inform Practice

**IRB #:** 45 CFR EXEMPT

**IRB Expiration Date:**

**Project Begin Date:**

**Project Status:**

**Project Completion Date:**

**Progress Report Due Date:**

**Units Visited:**

---

**Project Number: 877-RM23 – PENDING**

**Researcher:** Laura Bain

**Proponent:** Kansas State University

**Project Title:** Corrections Menu Review and Analysis

**IRB #:**

**IRB Expiration Date:**

**Project Begin Date:**

**Project Status:**

**Project Completion Date:**

**Progress Report Due Date:**

**Units Visited:**

---

**Project Number: 878-RM23 – PENDING**

**Researcher:** Karishma Chhabria

**Proponent:** University of Texas Health Science Center at Houston

**Project Title:** Examining Predictive Factors and Healthcare Encounters for Suicidal Behaviors Among the Texas Department of Criminal Justice

**IRB #:**

**IRB Expiration Date:**

**Project Begin Date:**

**Project Status:**

**Project Completion Date:**

**Progress Report Due Date:**

**Units Visited:**

**2nd Quarter FY 2023**  
**TDCJ Office of Mental Health Monitoring & Liaison**  
**Mental Health Segregation Audit Summary**  
**Reporting months: December 2022, January 2023, February 2023**

Date of Audit	Unit	Observed	Interviewed	Mental Health Referrals	Requests Fwd	911 Tool	ATC 4	ATC 5	ATC 6
11/07/22	Clemens	N/A^	N/A^	N/A^	N/A^	N/A^	N/A*	N/A*	N/A*
11/08/22	Hutchins	28	20	0	0	100%	100%	100%	100%
11/10/22	Ramsey	28	28	0	0	100%	100%	100%	100%
11/10/22	Memorial	132	110	0	3	100%	100%	100%	100%
11/16/22	Sanchez	14	14	0	0	100%	100%	100%	100%
11/21/23	Lewis	7	7	0	0	100%	100%	100%	100%
12/01/22	Luther	N/A^	N/A^	N/A^	N/A^	N/A^	N/A*	N/A*	N/A*
12/07/22	Mountain View	18	18	0	NA	100%	100%	100%	100%
12/12/22	Pack	11	11	0	0	100%	100%	100%	100%
12/15/22	Powledge	16	16	0	0	100%	100%	100%	100%
12/05/22	Estelle	76	64	0	8	100%	100%	100%	100%
12/07/22	Murray	39	39	0	2	100%	100%	100%	100%
12/08/22	Hughes	71	65	0	0	100%	100%	100%	100%
12/15/22	Michael	383	304	0	10	100%	100%	100%	100%
01/10/23	Coffield	474	372		15	100%	100%	100%	100%
01/18/23	Gist	3	3	0	0	100%	N/A	N/A	N/A
01/18/23	Lopez	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
01/18/23	Lynchner	26	20	0	0	100%	100%	100%	100%
01/19/23	Stiles	74	68	0	6	100%	100%	100%	100%
<b>Total</b>	19	1,400	1,159	0	44				

\*There were no applicable Sick Call Requests sent during the last 6-month period for this unit.

^There were no inmates in Restrictive Housing at the time of the audit.

#Due to COVID-10 Restrictions no on-site audits were conducted which includes the 911 tool.

# COMPELLED PSYCHOACTIVE MEDICATION AUDIT

## 2nd Quarter FY 2023

Audits Conducted in December 2022, January 2023, and February 2023

UNIT	Reporting Month	Compelled Medication Cases Documented in Medical Record <sup>1</sup>
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		Reviewed	Applicable Instances	Compliant	Score	Corrective Action
Clements	December 2022	0	0	0	NA	NA
Wayne Scott	December 2022	9	9	9	100%	NA
Montford	December 2022	9	9	7	78%	Yes
Skyview	December 2022	0	0	NA	NA	NA

		Reviewed	Applicable	Compliant	Score	Corrective Action
Clements	January 2023	0	0	0	NA	NA
Wayne Scott	January 2023	10	10	10	100%	NA
Montford	January 2023	4	3	3	100%	NA
Skyview	January 2023	10	10	10	100%	NA

		Reviewed	Applicable	Compliant	Score	Corrective Action
Clements	February 2023	0	0	NA	NA	NA
Wayne Scott	February 2023	12	12	12	100%	NA
Montford	February 2023	6	6	6	100%	NA
Skyview	February 2023	7	7	7	100%	NA

- Documentation supports that psychoactive medication was compelled because the patient refused to voluntarily comply and failure to take the medication would have resulted in: 1. Emergency - imminent likelihood of serious harm to the patient and/or to others, or 2. Non-emergency – likelihood of continued suffering from severe and abnormal mental, emotional and physical distress or deterioration of the patient’s ability to function independently.

# INTAKE MENTAL HEALTH EVALUATION (MHE) AUDIT

## 2nd Quarter of 2023

Reporting months– December 2022, January 2023, February 2023

FACILITY	Charts Reviewed	Charts Requiring MHE (1)	MHE's completed within 14 days (at Intake Unit)	Charts Excluded (2)	MHE Audit Score
Baten	0	0	NA	NA	<b>NA</b>
Beto	42	20	1	22	<b>5%</b>
Byrd	56	20	19	36	<b>95%</b>
Dominguez	26	20	0	6	<b>0%</b>
East Texas	27	20	20	7	<b>100%</b>
Formby	41	12	11	29	<b>92%</b>
Garza West	31	20	7	11	<b>35%</b>
Gist	27	20	18	7	<b>90%</b>
Glossbrenner	38	20	19	18	<b>95%</b>
Halbert	22	14	11	8	<b>79%</b>
Holliday	32	20	12	12	<b>60%</b>
Hutchins	44	20	8	24	<b>40%</b>
Johnston	18	7	0	11	<b>0%</b>
Kegans	30	20	18	10	<b>90%</b>
Lindsey	38	20	2	18	<b>10%</b>
Lychner	37	17	15	20	<b>88%</b>
Middleton	34	20	10	14	<b>50%</b>
Plane	22	20	20	2	<b>100%</b>
Sanchez	24	20	16	4	<b>80%</b>
Sayle	17	6	4	11	<b>67%</b>
Travis	24	12	12	12	<b>100%</b>
Woodman	21	20	13	1	<b>65%</b>
<b>GRAND TOTAL</b>	<b>651</b>	<b>368</b>	<b>236</b>	<b>283</b>	

1. Inmates entering TDCJ who are identified during the Intake Mental Health Screening/Appraisal process as having a history of treatment for mental illness, currently receiving mental health treatment, history of self-injurious behavior or current symptoms/complaints of symptoms of mental illness will have a Mental Health Evaluation (MHE) completed by a Qualified Mental Health Professional (QMHP) within 14 days of identification.
2. If the Inmate was transferred from the intake unit within 14 days of identification, the chart is excluded from the sample of charts requiring an MHE.

A Corrective Action Plan is required of all units scoring below 80%.

# Consent Item

University Medical Director's Report

Texas Tech University  
Health Sciences Center

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TEXAS TECH UNIVERSITY  
HEALTH SCIENCES CENTER.  
Managed Care

# **TTUHSC MANAGED CARE**

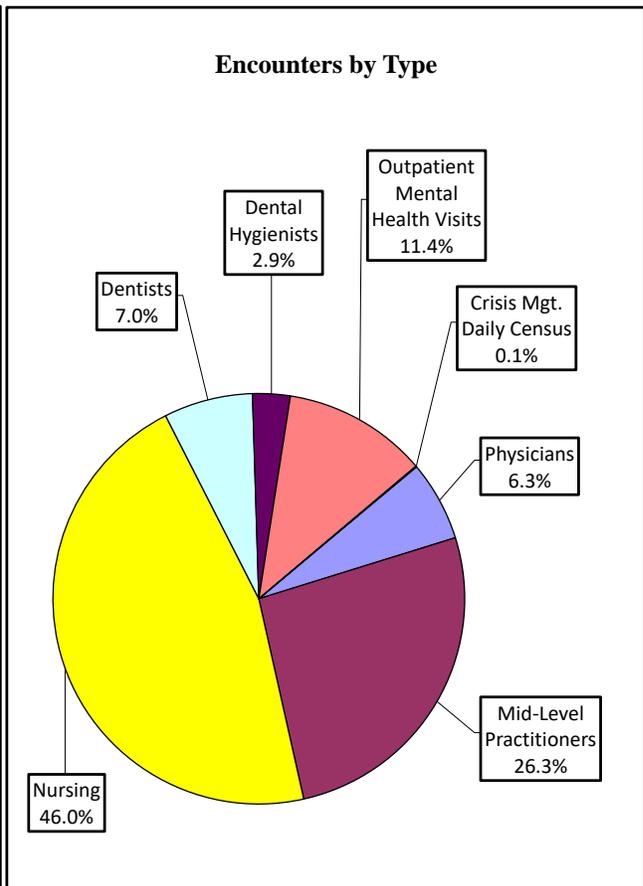
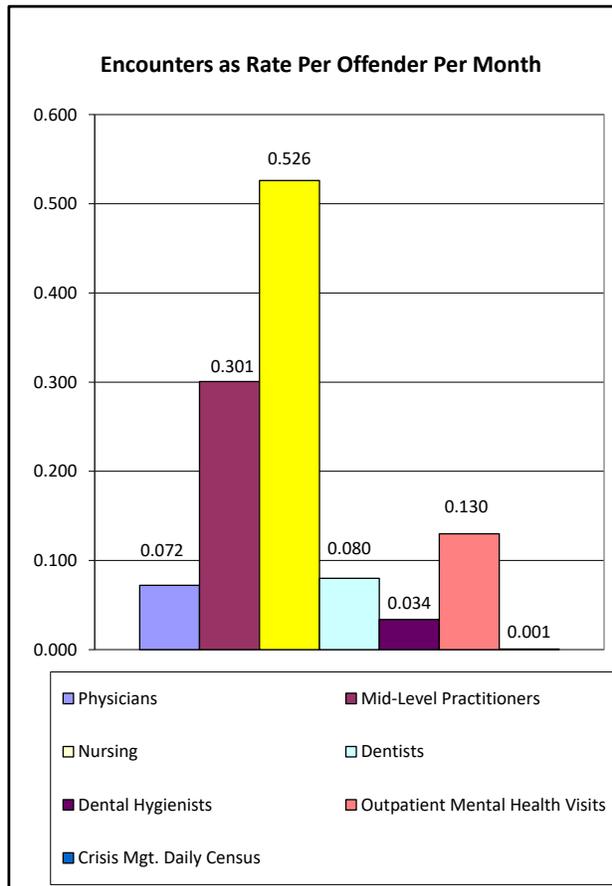
## Correctional Health Care MEDICAL DIRECTOR'S REPORT

2nd Quarter  
FY2023

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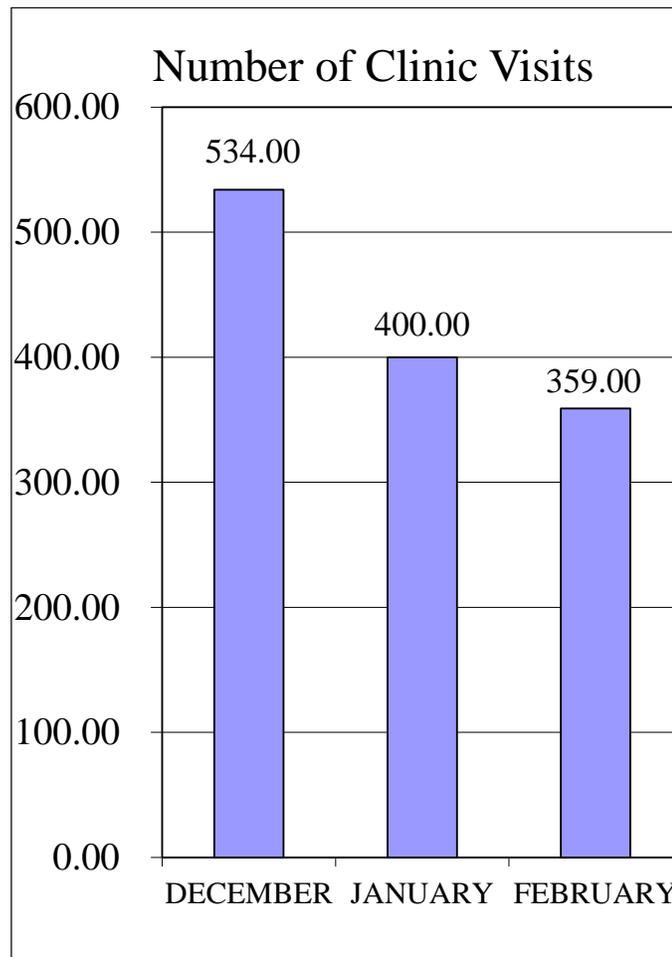
**Medical Director's Report:**

Average Population	DECEMBER		JANUARY		FEBRUARY		Qtly Average	
	24,420.19		24,522.78		24,490.86		24,477.94	
	Number	Rate Per Offender						
<b>Medical encounters</b>								
Physicians	1,861	0.076	1,936	0.079	1,497	0.061	1,765	0.072
Mid-Level Practitioners	6,881	0.282	7,886	0.322	7,313	0.299	7,360	0.301
Nursing	12,531	0.513	13,786	0.562	12,321	0.503	12,879	0.526
<b>Sub-total</b>	<b>21,273</b>	<b>0.871</b>	<b>23,608</b>	<b>0.963</b>	<b>21,131</b>	<b>0.863</b>	<b>22,004</b>	<b>0.899</b>
<b>Dental encounters</b>								
Dentists	1,669	0.068	2,101	0.086	2,098	0.086	1,956	0.080
Dental Hygienists	831	0.034	757	0.031	885	0.036	824	0.034
<b>Sub-total</b>	<b>2,500</b>	<b>0.102</b>	<b>2,858</b>	<b>0.117</b>	<b>2,983</b>	<b>0.122</b>	<b>2,780</b>	<b>0.114</b>
<b>Mental health encounters</b>								
Outpatient Mental Health Visits	3,428	0.140	2,952	0.120	3,163	0.129	3,181	0.130
Crisis Mgt. Daily Census	18	0.001	19	0.006	18	0.001	18	0.001
<b>Sub-total</b>	<b>3,446</b>	<b>0.141</b>	<b>2,971</b>	<b>0.121</b>	<b>3,181</b>	<b>0.130</b>	<b>3,199</b>	<b>0.131</b>
<b>Total encounters</b>	<b>27,219</b>	<b>1.115</b>	<b>29,437</b>	<b>1.200</b>	<b>27,295</b>	<b>1.114</b>	<b>27,984</b>	<b>1.143</b>



*Medical Director's Report (Page 2):*

	DECEMBER	JANUARY	FEBRUARY	Qtly Average
<b><i>Medical Inpatient Facilities</i></b>				
Average Daily Census	162.00	160.00	167.00	163.00
Number of Admissions	491.00	387.00	326.00	401.33
Number of Clinic Visits	534.00	400.00	359.00	431.00
<b><i>Mental Health Inpatient Facilities</i></b>				
Average Daily Census	428.00	439.00	423.00	430.00
PAMIO/MROP Census	462.00	326.00	383.00	390.33
<b><i>Telemedicine Consults</i></b>	2077	2,459	2,335	2,290.33



## Consent Item

University Medical Director's Report

The University of Texas Medical Branch

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# **Correctional Health Care MEDICAL DIRECTOR'S REPORT**

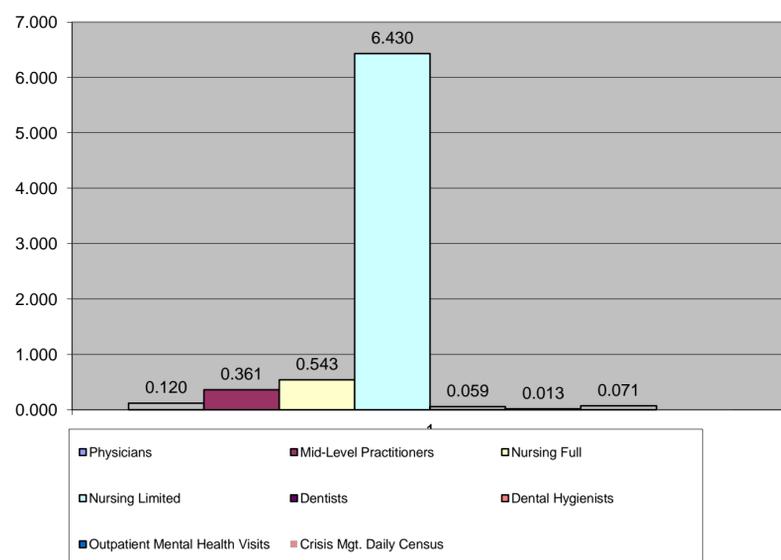
## **Second Quarter FY 2023**

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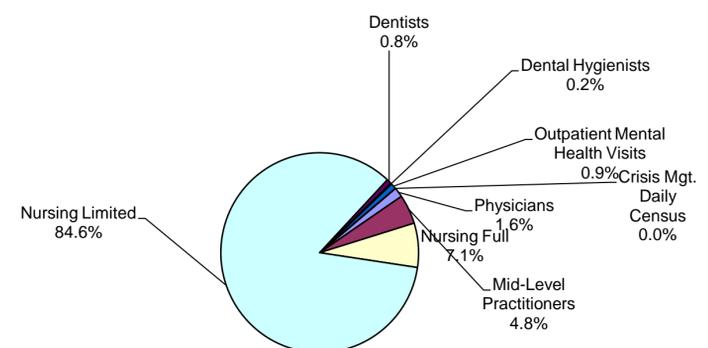
**Medical Director's Report:**

FY 23 Second Quarter Average Population	December		January		February		Qtly Average	
	101,916		102,534		102,641		102,364	
	Number	Rate Per Inmate						
<b>Medical encounters</b>								
Physicians	12,314	0.121	12,697	0.124	11,896	0.116	12,302	0.120
Mid-Level Practitioners	36,671	0.360	36,664	0.358	37,638	0.367	36,991	0.361
Nursing Full	53,235	0.522	55,970	0.546	57,548	0.561	55,584	0.543
Nursing Limited	642,228	6.302	755,933	7.372	576,327	5.615	658,163	6.430
<b>Sub-total</b>	<b>744,448</b>	<b>7.305</b>	<b>861,264</b>	<b>8.400</b>	<b>683,409</b>	<b>6.658</b>	<b>763,040</b>	<b>7.454</b>
<b>Dental Encounters</b>								
Dentists	0	8,413.000	9,170	0.089	9,008	0.088	6,059	0.059
Dental Hygienists	0	1,942.000	2,076	0.020	2,019	0.020	1,365	0.013
<b>Sub-total</b>	<b>0</b>	<b>0.000</b>	<b>11,246</b>	<b>0.110</b>	<b>11,027</b>	<b>0.107</b>	<b>7,424</b>	<b>0.073</b>
<b>Mental Health Encounters</b>								
Outpatient Mental Health Visits	7,310	0.072	7,158	0.070	7,206	0.070	7,225	0.071
Crisis Mgt. Daily Census	69	0.001	71	0.001	72	0.001	71	0.001
<b>Sub-total</b>	<b>7,379</b>	<b>0.072</b>	<b>7,229</b>	<b>0.071</b>	<b>7,278</b>	<b>0.071</b>	<b>7,295</b>	<b>0.071</b>
<b>Total encounters</b>	<b>751,827</b>	<b>7.377</b>	<b>879,739</b>	<b>8.580</b>	<b>701,714</b>	<b>6.837</b>	<b>777,760</b>	<b>7.598</b>

**Encounters as Rate Per Offender Per Month**

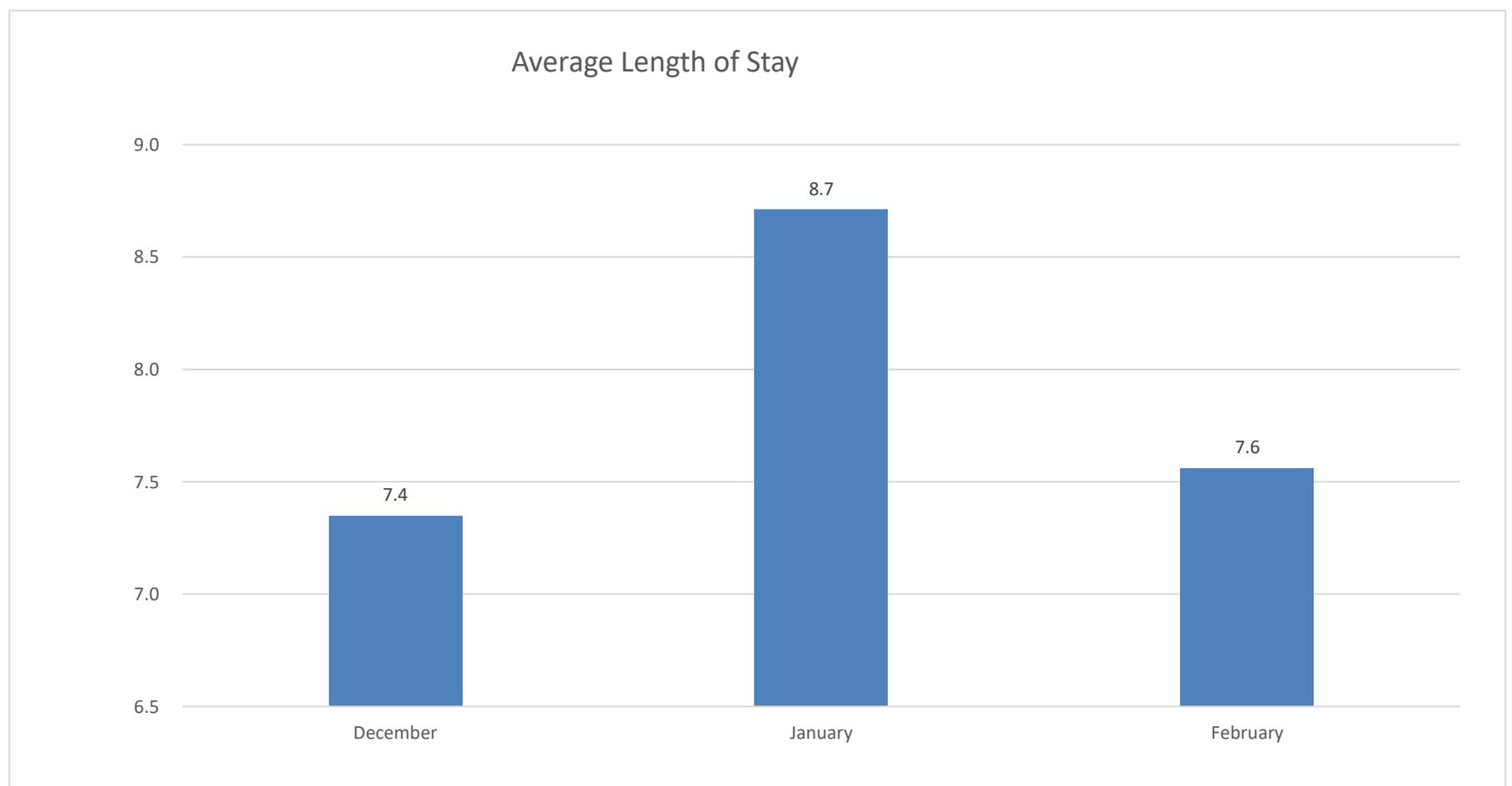


**Encounters by Type**



**Medical Director's Report (Page 2):**

FY 23	December	January	February	Qtly Average
<b>Medical Inpatient Facilities</b>				
Average Daily Census	99.4	94.2	94.2	<b>95.9</b>
Number of Discharges	419	335	373	<b>376</b>
Average Length of Stay	7.4	8.7	7.6	<b>7.9</b>
Number of Clinic Visits	5,593	5,858	5,504	<b>5,652</b>
<b>Mental Health Inpatient Facilities</b>				
Average Daily Census	1,020.77	1,030.39	1,018.32	<b>1,023.16</b>
DDP Census	669.55	665.48	656.89	<b>663.98</b>
<b>Telemedicine Consults</b>	<b>7,638</b>	<b>7,342</b>	<b>6,916</b>	<b>7,298.67</b>



## Consent Item

Summary of CMHCC Joint Committee/  
Work Group Activities

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**Correctional Managed Health Care Joint  
Committee/Work Group Activity  
Summary for June 14, 2023 CMHCC Meeting**

The Correctional Managed Health Care Committee (CMHCC), through its overall management strategy, utilizes several standing and ad hoc joint committees and work groups to examine, review and monitor specific functional areas. The key characteristic of these committees and work groups is that they are comprised of representatives of each of the partner agencies. They provide opportunities for coordination of functional activities across the state. Many of these committees and work groups are designed to insure communication and coordination of various aspects of the statewide health care delivery system. These committees work to develop policies and procedures, review specific evaluation and/or monitoring data and amend practices to increase the effectiveness and efficiency of the program.

*Many of these committees or work groups are medical review committees allowed under Chapter 161, Subchapter D of the Texas Health and Safety code and their proceedings are confidential and not subject to disclosure under the law.*

This summary is intended to provide the CMHCC with a high-level overview of the ongoing work activities of these workgroups.

Workgroup activity covered in this report includes:

- System Leadership Council
- Joint Policy and Procedure Committee
- Joint Pharmacy and Therapeutics Committee
- Joint Infection Control Committee
- Joint Dental Work Group
- Joint Mortality and Morbidity Committee
- Joint Nursing Work Group

**System Leadership Council**

Chair: Dr. Owen Murray

Purpose: This group's membership consists of discipline directors in medical, nursing, mental health, dental and allied health care staff appointed by the Joint Medical Directors. This group is charged with implementation of the CMHCC Quality Improvement/Quality Management (QI/QM) Plan. The purpose of this plan is to provide a streamlined, integrated, clinically driven state-of-the-art Quality Improvement Program, which adds value to the quality of health care services provided to the Texas Department of Criminal Justice (TDCJ) offenders. The plan demonstrates that quality will be consistently/continuously applied and/or measured and will meet or exceed regulatory requirements. The CMHCC strongly endorses and has administrative oversight for implementation of the plan. The agents of the CMHCC and the TDCJ Health Services Division will demonstrate support and participation for the plan. The committee meets on a quarterly basis.

**Meeting Date: May 11, 2023**

- I. Call to Order
- II. Approval of Minutes
- III. Reports from Champions/Discipline Directors
  - A. Access to Care – Dental Services
  - B. Access to Care – Mental Health Services
  - C. Access to Care – Nursing Services
  - D. Access to Care – Medical Staff
  - E. Sick Call Verification Audit – SCRVA
- IV. FY2023 SLC Indicators
  - A. Dental: Total Open Reminders with Delay >60 Days
  - B. Mental Health: Restrictions Audit
  - C. Nursing: Intake TB Screening
  - D. Support Services: Inpatient/Outpatient Physical Therapy
  - E. Clinical Administration: Missed Appointments (No Shows)
  - F. Joint Medical/Pharmacy: Indicator-Hepatitis C
- V. Standing Issues
  - A. CMHCC Updates
  - B. CMHC Pharmacy Report
  - C. Hospital Galveston Report
- VI. Miscellaneous/Open for Discussion Participants
  - A. ATC Accuracy Evaluation
  - B. Nurse Protocol Audits
  - C. Nursing QA Site Visit Audits
  - D. Mental Health ATC Accuracy Evaluation
- VII. Adjournment

**Joint Policy and Procedure Committee**

Co-Chair: Chris Black-Edwards, RN, BSN

Co-Chair: Denee Robison

Purpose: This group's membership consists of clinicians, nurses, health care administrators and dentists appointed by the Joint Medical Directors. This group is charged with the annual review of all Correctional Managed Health Care (CMHC) policies and procedures. The committee meets on a quarterly basis and one fourth of the manual is reviewed at each of its quarterly meetings.

**Meeting Date: April 13, 2023**

Sub-Committee Updates:

None

Committee Updates:

None

Committee Referrals:

Joint Mental Health Working Group-Joseph Penn, MD

THESE POLICIES ARE UP FOR REVIEW AND OPEN FOR RECOMMENDED CHANGES DURING THIS QUARTER:

A-05.1	A-06.1	A-06.2	A-07.1*	A-08.1*	C-19.2*	C-20.1	D-28.2
D-28.3	D-28.4	E-31.2*	E-34.4	E-34.5	E-35.1	E-35.2	E-36.3
E-36.4*	E-37.1*	E-37.2	E-37.3	E-37.4	E-37.5	F-47.1*	F-48.1
G-51.6	G-51.7	G-51.8*	G-51.9*	G-51.10	G-52.3	H-60.2*	I-68.4*
I-69.1							
*Indicates Attachment(s) Included in the Policy							

THE FOLLOWING POLICIES HAVE BEEN SUBMITTED WITH CHANGES OR FOR DISCUSSION:

POLICY #	POLICY NAME	SUBMITTED BY
A-08-2	TRANSFERS OF OFFENDERS WITH ACUTE CONDITIONS	CECILIA HORTON
D-27.3	PHOTOSENSITIVITY	STEPHANIE ZEPEDA
E-31.4	MANAGEMENT OF INMATES WHO HAVE RECEIVED SOLID ORGAN AND STEM CELL TRANSPLANTS	CECILIA HORTON
G-52.4-THIS POLICY WAS NOT REVISED	SERIOUSLY MENTAL ILL-SHELTERED HOUSING (SMI-SH)	DALE DORMAN
G-59.2	OPTICAL PROTHESIS AND APPLIANCES	JEWEL ARCHIE

Adjourn – The Next Meeting is Scheduled for July 13, 2023 at 1:00 p.m.

### **Joint Pharmacy and Therapeutics Committee**

Chair: Dr. Monte Smith

Purpose: This group's membership consists of physicians, nurses, clinicians, dentists, and pharmacists appointed by the Joint Medical Directors. This group is charged with developing and maintaining the statewide drug formulary, drug use policies and disease management guidelines. This group also establishes policy regarding the evaluation, selection, procurement, distribution, control, use, and other matters related to medications within the health care system. This group further serves to support educational efforts directed toward the health care staff on matters related to medications and medication use. Disease management guidelines are reviewed annually and updated as needed by the CMHCC Joint Pharmacy and Therapeutics Committee. All changes to consensus guidelines published by the Centers of Disease Control and Prevention and the National Institutes of Health or other nationally recognized authorities are considered. In addition, CMHCC Joint Pharmacy and Therapeutics Committee reviews adverse drug reaction reports, drug recalls, non-formulary deferral reports and reports of medication errors. Clinical pharmacists present reviews of drug classes to the committee for education and consideration of new updates to the formulary. Clinical pharmacists also periodically conduct medication usage evaluations. Finally, this group reviews and evaluates all

pharmacy and therapeutic policies and procedures annually. This group meets on a bi-monthly basis.

**Meeting Date: March 23, 2023**

- I. Approval of the Minutes from September 8, 2022 Meeting
  
- II. Reports from Subcommittees
  - A. DMG Triage - Dr. Johnson
    1. Benzodiazepine Discontinuation
    2. COPD, Acute and Chronic
    3. HIV
  - B. Cardiovascular-Dr. Omeaku
  - C. Psychiatry-Dr. Patel
  
- III. Monthly Reports
  - A. Adverse Drug Reaction Reports (none)
  - B. Pharmacy Clinical Activity Report
  - C. Drug Recalls (January-February 2022)
    1. Aspirin 81 mg Chewable Tablets Pharmacy Recall
    2. Allopurinol 100 mg Tablets by Accord
    3. Buspirone 10 mg Tablets Pharmacy Recall
    4. Pharmacy Recall of Various Products
  - D. Non-formulary Deferral Reports
    1. UTMB Sector (January -February 2023)
    2. Texas Tech Sector (December 2022-January 2023)
  - E. Utilization Reports through January 2023
    1. HIV Utilization
    2. HCV Utilization
    3. HBV Utilization
    4. Psychotropic Utilization
  - F. Special Reports
    1. Annual Review FY22
    2. Quarterly Medication Error Reports
      - a. UTMB Sector
      - b. TT Sector
      - c. Pharmacy Dispensing Errors
    3. Top 50 Medications and Top 10 Non-Formulary Drugs by Cost and Volume 2<sup>nd</sup> Quarter FY23
      - a. TDCJ
      - b. UTMB Sector
      - c. TT Sector
    4. Pharmacy Diabetes Clinic Report-1st Quarter FY23
      - a. UTMB Sector
      - b. TT Sector (not provided)
    5. Pharmacy Warfarin Clinic Report-1<sup>st</sup> Quarter FY23
      - a. UTMB Sector
      - b. TT Sector (not provided)
    6. Pharmacy CKD Clinic Report-1<sup>st</sup> and 2nd Quarter FY23 (UTMB Sector)

G. Policy Review Schedule (Policies 15-35 to 40-05 due to review in May)

IV. Old Business (None)

V. New Business

A. Action Request

1. Review of Disaster Formulary
2. Epilepsy Patient Education
3. Hepatitis B Vaccine Double Dose-Dr. Khan

B. MUE-First Generation Antipsychotics

C. Drug Category Reviews

1. Antihypertensives

D. FDA Medication Safety Advisories (none)

E. Manufacturer Drug Shortages and Discontinuations

F. Policy Revisions

1. Pharmacy and Therapeutics Committee (05-05)
2. Non-Formulary Medications (05-10)
3. Additions to the Medication Formulary (05-15)
4. Prescribing and Ordering Medications (10-05)
5. Automatic Stop Orders for Drugs (10-10)
6. Investigational Drugs within CMC Facilities (10-20)
7. Medications Restricted to Specific Protocols for Use (10-25)
8. Ordering Stock Medications (10-30).
9. Medication Procurement After Hours (10-40)
10. Total Parenteral Nutrition (10-45)
11. Critical Medications Dispensed Upon Hospital Galveston Discharge (10-50)
12. Medication Area Security (15-05)
13. Storage of Pharmaceuticals (15-10)
14. Transfer of Medication (15-15)
15. Medication Security during Courier Transfer (15-25)
16. Incoming Patient's Free World Medications (25-05)

VI. Miscellaneous

VII. Adjournment

**Joint Infection Control Committee**

Co-Chair: Erin Freeman, PA-C

Co-Chair: Chris Black-Edwards, RN, BSN

Purpose: This group's membership consists of physicians, nurses, clinicians, dentists and pharmacist appointed by the Joint Medical Directors. This group is charged with developing and promulgating policies and procedures for infection control prevention and treatment. This group is charged with the annual review of all Correctional Managed Health Care Infection Control Policies and meets on a quarterly basis.

**Meeting Date: April 13, 2023**

Standing Reports:

Hepatitis – Mary McRee

HIV-Lisa Horton

MRSA, MSSA and Occupational Exposure – Latasha Hill

Syphilis – Regina Inmon  
 Tuberculosis – Dewayne Springer  
 SANE – Kate Williams  
 Peer Education – Dianna Langley

Old Business:

Table from February 13 meeting-B.14.11 Human Immunodeficiency Virus (HIV) Infection

New Business:

None

THESE POLICIES ARE UP FOR REVIEW WITH NO RECOMMENDED CHANGES DURING THIS QUARTER:

B-14.12	B-14.15	B-14.17	B-14.18					
*Indicates Attachment(s) Included in the Policy								

THE FOLLOWING POLICIES HAVE BEEN SUBMITTED WITH CHANGES OR FOR DISCUSSION:

#	POLICY #	POLICY NAME	SUBMITTED BY
1	B-14.11	(HIV) Infection	Erin Freeman/Jill Campbell
2	B-14.13.1	Hepatitis A	Janet Gonzales
3	B-14.13.2	Hepatitis B	Janet Gonzales
4	B-14.13.3	Hepatitis C	Erin Freeman/Janet Gonzales
5	B-14.14	Varicella	Erin Freeman/Janet Gonzales/Jill Campbell
6	B-14.16	Skin and Soft Tissue Infection	Erin Freeman/Jill Campbell

Adjourn – The next meeting is scheduled for August 10, 2023 at 10:30 a.m.

**Joint Dental Work Group**

Chair: Dr. Manuel Hirsch (VACANT)

Purpose: This group’s membership includes the TDCJ Director for the Office of Dental Quality and Contract Compliance, the University of Texas Medical Branch (UTMB) Correctional Managed Care (CMC) Dental Director and the Texas Tech University Health Sciences Center (TTUHSC) CMC Dental Director. This group is charged with the development of dental treatment and management guidelines, as well as the development of dental initiatives. It reviews changes to the Dental Scope of Practice Act and makes recommendations for policy changes as needed. Finally, this group also reviews and makes recommendations to the CMHCC Joint Policy and Procedure Committee on all dental policies and procedures.

**Meeting Date: April 4, 2023**

- I. Call to Order
  - A. Minutes Confirmation
- II. Dental Policy Review
  - Old Business- A recommendation was made to create a separate Tx Tech Policy and a UTMB policy for E-36.5. at the November meeting.
- III. Dr. Billy Horton
  - A. Prosthesis
  - B. Vacancies
  - C. Dental Reminders
  - D. Pride Dental Lab Visit
- IV. Dr. Cecil Wood
  - A. Prosthetic Policy
  - B. Staff Vacancies
  - C. Dental Reminders
  - D. Weighted Value vs. Relative Value Units
- V. Dr. Pam Myers, Dental Hygiene Program Manager (not present)
  - A. Hygiene Program Manager
- VI. Sector Updates
  - A. TDCJ
  - B. UTMB
  - C. TX Tech
- VII. Round the table

## VIII. Adjourn – Next Meeting May 11, 2023

Policies Scheduled for Review: Section B; Section C. Review any NEO Power Points related to Policies reviewed: Review ORA questions pertaining to the policies reviewed.

**Joint Mortality and Morbidity Committee**

Co-Chair: Dr. Coley Duncan

Purpose: This group's membership consists of physicians and nurses appointed by the Joint Medical Directors. The group is charged with reviewing the clinical health records of each offender death. The committee decides as to whether a referral to a peer review committee is indicated. This group meets monthly.

**For the Three Months Ended February 2023:**

There were 141 deaths reviewed by the Mortality and Morbidity Committee during the months of December 2022, January and February 2023. Of those deaths, there was 1 case that required a referral to peer review committees.

<b>Peer Review Committee</b>	<b>Number of Cases Referred</b>
Provider Peer Review	1
Nursing Peer Review	0
Provider and Dental Peer Review	0
<b>Total</b>	<b>1</b>

### **Joint Nursing Work Group**

Chair: Carrie Culpepper, RN, FNP-C, MBA

Purpose:

This group's membership includes the TDCJ Director of Nursing Administration, the UTMB CMC Northern Geographical Service Area (GSA) Regional Chief Nursing Officer, the UTMB CMC Southern GSA Regional Chief Nursing Officer and the TTUHSC CMC Director of Nursing Services. This group is charged with the development of nursing management guidelines and programs. It reviews changes to the Nursing Scope of Practice Act for Registered Nurses and Licensed Vocational Nurses and makes recommendations for policy/practice changes as needed. Finally, this group also reviews and makes recommendations to the CMHCC Joint Policy and Procedure Committee on all nursing policies and procedures.

**Meeting Date: May 4, 2023**

Old Business:

- Hunger Strike Note Wizard

New Business:

- TB 400 Closure
- Reporting Positive Titers of OPH
- Intra-system add-on transfers
- Medication Administration
- Fecal immunochemical test reminders
- COVID-19
- SOS (Security Observation Status)
- Program Expansion Plans
- Available SHU Beds
- SHU Bed Conversions
- OIG POC for CMAs
- ORA internal monitoring
- ECB/GP ATC Monthly Reporting
- Malnutrition Screening Tool (IP Nursing Assessment)

Adjourn-The next meeting will be held-to be determined

# **Financial Report on Correctional Managed Health Care**



## **Quarterly Report FY2023 Second Quarter**

**September 2022 – February 2023**

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## Second Quarter Financial Report on Correctional Managed Health Care

### Overview

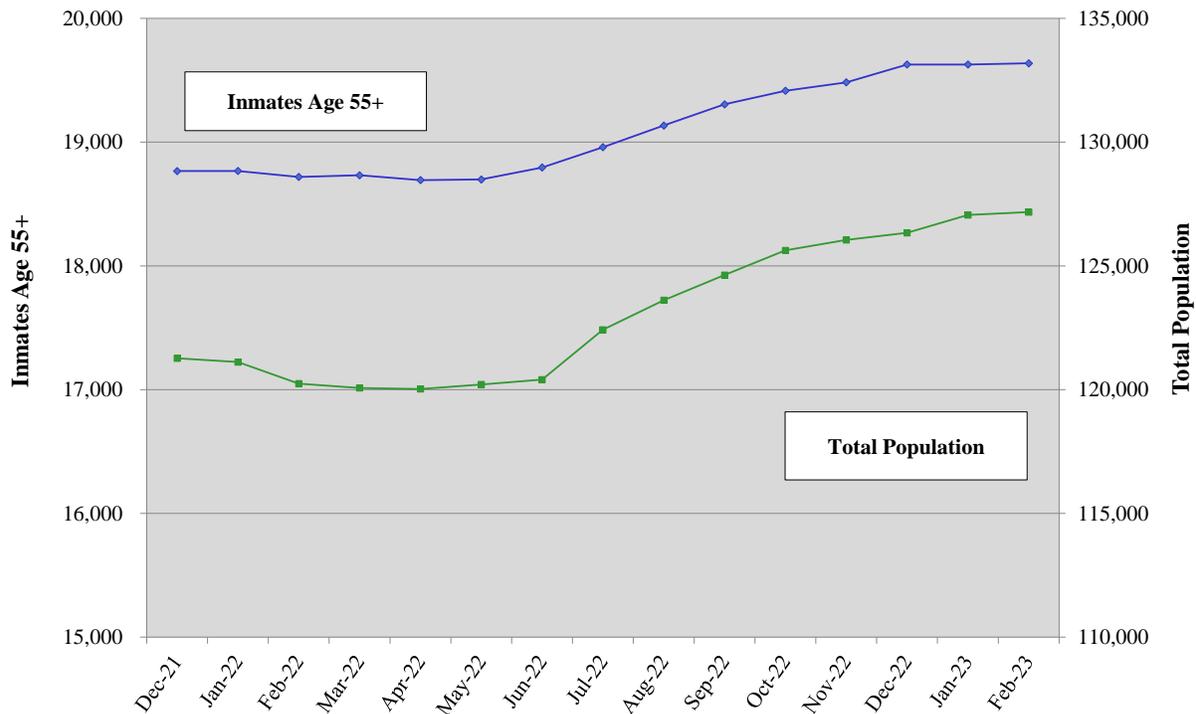
- Pursuant to the FY2022-23 General Appropriations Act, Article V, Rider 42, 87<sup>th</sup> Legislature, Regular Session 2021
- FY2023 TDCJ Correctional Managed Health Care Appropriations:
  - Strategy C.1.8, Unit and Psychiatric Care, \$322.5M
  - Strategy C.1.9, Hospital and Clinical Care, \$271.3M
  - Strategy C.1.10, Pharmacy Care, \$73.4M

<u>Method of Finance Summary</u>	<u>FY2023</u>
<b>SB 1, Article V, TDCJ Appropriations</b>	
C.1.8. Unit and Psychiatric Care	\$ 322,501,293
C.1.9. Hospital and Clinic Care	\$ 271,343,852
C.1.10. Pharmacy Care	\$ 73,440,252
<b>TOTAL</b>	<b>\$ 667,285,397</b>
<b><u>Allocation to Universities</u></b>	
<b>University of Texas Medical Branch</b>	
C.1.8. Unit and Psychiatric Care	\$ 259,944,223
C.1.9. Hospital and Clinic Care	\$ 228,487,831
C.1.10. Pharmacy Care	\$ 59,472,430
<b>Subtotal UTMB</b>	<b>\$ 547,904,484</b>
<b>Texas Tech University Health Sciences Center</b>	
C.1.8. Unit and Psychiatric Care	\$ 62,557,070
C.1.9. Hospital and Clinic Care	\$ 42,856,021
C.1.10. Pharmacy Care	\$ 13,967,822
<b>Subtotal TTUHSC</b>	<b>\$ 119,380,913</b>
<b>TOTAL TO UNIVERSITY PROVIDERS</b>	<b>\$ 667,285,397</b>
<b>TOTAL ALLOCATED</b>	<b>\$ 667,285,397</b>

## Population

- Overall inmate service population has increased 4.8% from FY2022
  - Average daily census through 2<sup>nd</sup> quarter
    - FY2022: 120,347
    - FY2023: 126,144
  
- Inmates aged 55 or older population has increased 4.4% from FY2022
  - Average daily census through 2<sup>nd</sup> quarter
    - FY2022: 18,692
    - FY2023: 19,516
  - While comprising about 15.5% of the overall service population, these inmates account for 53.2% of the hospitalization costs received to date.
  
- Mental health caseloads:
  - FY2023 average number of psychiatric inpatients through 2<sup>nd</sup> quarter: 1,830
  - FY2023 average number of psychiatric outpatients through 2<sup>nd</sup> quarter: 30,479

### CMHC Service Population



## Health Care Costs

- Total expenditures through 2<sup>nd</sup> quarter, FY2023: \$416.1M
  - Unit and Psychiatric Care expenses represent the majority of total health care costs - \$219.1M or 52.7% of total expenses
  - Hospital and Clinical Care - \$160.6M or 38.6% of total expenses
  - Pharmacy Services - \$36.4M or 8.7% of total expenses
    - HIV-related drugs: 35.7% of total drug costs
    - Hepatitis C drug therapies: 22.3% of total drug costs
    - Psychiatric drugs: 5.3% of total drug costs
    - All other drug costs: 36.7% of total drug costs
- Cost per inmate per day increased 3.3% from FY2022 to FY2023
  - Cost per inmate per day through 2<sup>nd</sup> quarter FY2023:
    - FY2022: \$17.55
    - FY2023: \$18.12

## Comparison of Total Health Care Costs

	FY19	FY20	FY21	FY22	FYTD 23 2nd Qtr
<b>Population</b>					
UTMB	117,987	110,924	96,514	96,521	102,364
TTUHSC	28,992	27,533	24,282	24,214	24,490
<b>Total</b>	<b>146,979</b>	<b>138,457</b>	<b>120,796</b>	<b>120,735</b>	<b>126,854</b>
<b>Expenses</b>					
UTMB	\$631,955,233	\$641,412,379	\$627,901,731	\$643,994,605	\$348,700,901
TTUHSC	\$124,707,572	\$132,834,504	\$122,657,653	\$129,276,857	\$67,362,269
<b>Total</b>	<b>\$756,662,805</b>	<b>\$774,246,883</b>	<b>\$750,559,384</b>	<b>\$773,271,463</b>	<b>\$416,063,169</b>
<b>Cost/Day</b>					
UTMB	\$14.67	\$15.80	\$17.82	\$18.28	\$18.82
TTUHSC	\$11.78	\$13.18	\$13.84	\$14.63	\$15.20
<b>Total</b>	<b>\$14.10</b>	<b>\$15.28</b>	<b>\$17.02</b>	<b>\$17.55</b>	<b>\$18.12</b>

Note: UTMB total expenses do not include the final Hospital Cost Reconciliations.

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**  
**Financial Report on Inmate Health Care, pursuant to Agency Rider 42**  
**Second Quarter, FY2023**

<b><u>Method of Finance</u></b>	<b><u>TTUHSC</u></b>	<b><u>UTMB</u></b>	<b><u>Total</u></b>
<b>C.1.8. Unit &amp; Psychiatric Care</b>			
TDCJ Appropriation	\$ 31,021,451	\$ 128,903,847	\$ 159,925,298
State Reimbursement Benefits	\$ 5,364,504	\$ 29,027,076	\$ 34,391,581
Other Misc Revenue	\$ 1,237	\$ 28,886	\$ 30,123
<b>C.1.8. Total Method of Finance</b>	<b>\$ 36,387,192</b>	<b>\$ 157,959,809</b>	<b>\$ 194,347,001</b>
<b>C.1.9. Hospital &amp; Clinical Care</b>			
TDCJ Appropriation	\$ 21,251,890	\$ 113,304,925	\$ 134,556,815
State Reimbursement Benefits	\$ 1,049,376	\$ -	\$ 1,049,376
Other Misc Revenue	\$ -	\$ -	\$ -
<b>C.1.9. Total Method of Finance</b>	<b>\$ 22,301,266</b>	<b>\$ 113,304,925</b>	<b>\$ 135,606,191</b>
<b>C.1.10. Managed Health Care - Pharmacy</b>			
TDCJ Appropriation	\$ 6,926,508	\$ 29,491,808	\$ 36,418,316
State Reimbursement Benefits	\$ 44,856	\$ 1,125,067	\$ 1,169,923
Other Misc Revenue	\$ -	\$ -	\$ -
<b>C.1.10. Total Method of Finance</b>	<b>\$ 6,971,365</b>	<b>\$ 30,616,875</b>	<b>\$ 37,588,240</b>
<b>TOTAL METHOD OF FINANCE</b>	<b>\$ 65,659,823</b>	<b>\$ 301,881,609</b>	<b>\$ 367,541,432</b>

<b><u>Method of Finance Summary</u></b>	<b><u>TTUHSC</u></b>	<b><u>UTMB</u></b>	<b><u>Total</u></b>
TDCJ Appropriation	\$ 59,199,849	\$ 271,700,580	\$ 330,900,429
State Reimbursement Benefits	\$ 6,458,737	\$ 30,152,143	\$ 36,610,880
Other Misc Revenue	\$ 1,237	\$ 28,886	\$ 30,123
<b>TOTAL METHOD OF FINANCE</b>	<b>\$ 65,659,823</b>	<b>\$ 301,881,609</b>	<b>\$ 367,541,432</b>

<b><u>Expenditures</u></b>	<b><u>TTUHSC</u></b>	<b><u>UTMB</u></b>	<b><u>Total</u></b>
C.1.8. Unit & Psychiatric Care	\$ 41,234,713	\$ 177,870,808	\$ 219,105,521
C.1.9. Hospital & Clinical Care	\$ 20,652,853	\$ 139,954,545	\$ 160,607,399
C.1.10. Managed Health Care - Pharmacy	\$ 5,474,702	\$ 30,875,547	\$ 36,350,249
<b>TOTAL EXPENDITURES</b>	<b>\$ 67,362,269</b>	<b>\$ 348,700,901</b>	<b>\$ 416,063,169</b>

<b>DIFFERENCE</b>	<b>\$ (1,702,446)</b>	<b>\$ (46,819,291)</b>	<b>\$ (48,521,737)</b>
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**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**  
**Financial Report on Inmate Health Care, pursuant to Agency Rider 42**  
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<b>C.1.9. HOSPITAL &amp; CLINICAL CARE</b>			
<b>Method of Finance</b>	<b><u>TTUHSC</u></b>	<b><u>UTMB</u></b>	<b><u>Total</u></b>
TDCJ Appropriation	\$ 21,251,890	\$ 113,304,925	\$ 134,556,815
State Reimbursement Benefits	\$ 1,049,376	\$ -	\$ 1,049,376
Other Misc Revenue	\$ -	\$ -	\$ -
<b>TOTAL METHOD OF FINANCE</b>	<b>\$ 22,301,266</b>	<b>\$ 113,304,925</b>	<b>\$ 135,606,191</b>
<b>Expenditures:</b>			
<b>Hospital and Clinical Care</b>			
University Professional Services	\$ 395,820	\$ 11,876,248	\$ 12,272,068
Community Provider Services	\$ 3,877,663	\$ 21,652,680	\$ 25,530,343
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 8,885,982	\$ 93,017,819	\$ 101,903,801
Estimated IBNR	\$ 6,908,961	\$ 9,662,056	\$ 16,571,017
<b>Subtotal, Hospital &amp; Clinical Care</b>	<b>\$ 20,068,426</b>	<b>\$ 136,208,803</b>	<b>\$ 156,277,230</b>
<b>Indirect Expenditures (Shared Services)</b>	<b>\$ 584,427</b>	<b>\$ 3,745,742</b>	<b>\$ 4,330,169</b>
<b>TOTAL EXPENDITURES</b>	<b>\$ 20,652,853</b>	<b>\$ 139,954,545</b>	<b>\$ 160,607,399</b>
<b>DIFFERENCE</b>	<b>\$ 1,648,413</b>	<b>\$ (26,649,620)</b>	<b>\$ (25,001,208)</b>

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<b>C.1.8. UNIT &amp; PSYCHIATRIC CARE</b>			
	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
<b>Method of Finance:</b>			
TDCJ Appropriation	\$ 31,021,451	\$ 128,903,847	\$ 159,925,298
State Reimbursement Benefits	\$ 5,364,504	\$ 29,027,076	\$ 34,391,581
Other Misc Revenue	\$ 1,237	\$ 28,886	\$ 30,123
<b>TOTAL METHOD OF FINANCE</b>	<b>\$ 36,387,192</b>	<b>\$ 157,959,809</b>	<b>\$ 194,347,001</b>
<b>Expenditures:</b>			
<b>Unit Care</b>			
Salaries	\$ 14,346,511	\$ 106,764,924	\$ 121,111,435
Benefits	\$ 4,642,786	\$ 30,721,898	\$ 35,364,684
Other Operating Expenses	\$ 2,427,767	\$ 13,122,697	\$ 15,550,464
Professional Services	\$ 2,737,170	\$ -	\$ 2,737,170
Contracted Units/Services	\$ 6,449,223	\$ -	\$ 6,449,223
Travel	\$ 161,314	\$ 874,337	\$ 1,035,651
Capitalized Equipment	\$ 512,229	\$ 1,086,807	\$ 1,599,036
<b>Subtotal, Unit Care</b>	<b>\$ 31,277,000</b>	<b>\$ 152,570,663</b>	<b>\$ 183,847,663</b>
<b>Psychiatric Care</b>			
Salaries	\$ 5,342,471	\$ 16,772,573	\$ 22,115,044
Benefits	\$ 1,445,325	\$ 4,309,423	\$ 5,754,748
Other Operating Expenses	\$ 138,515	\$ 162,025	\$ 300,540
Professional Services	\$ 1,782,848	\$ -	\$ 1,782,848
Contracted Units/Services	\$ -	\$ -	\$ -
Travel	\$ 39,697	\$ 73,245	\$ 112,942
<b>Subtotal, Psychiatric Care</b>	<b>\$ 8,748,855</b>	<b>\$ 21,317,266</b>	<b>\$ 30,066,121</b>
<b>Indirect Expenditures (Shared Services)</b>	<b>\$ 1,208,858</b>	<b>\$ 3,982,879</b>	<b>\$ 5,191,737</b>
<b>TOTAL EXPENDITURES</b>	<b>\$ 41,234,713</b>	<b>\$ 177,870,808</b>	<b>\$ 219,105,521</b>
<b>DIFFERENCE</b>	<b>\$ (4,847,521)</b>	<b>\$ (19,910,999)</b>	<b>\$ (24,758,519)</b>

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<b>C.1.10. MANAGED HEALTH CARE - PHARMACY</b>			
	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
<b>Method of Finance</b>			
TDCJ Appropriation	\$ 6,926,508	\$ 29,491,808	\$ 36,418,316
State Reimbursement Benefits	\$ 44,856	\$ 1,125,067	\$ 1,169,923
Other Misc Revenue	\$ -	\$ -	\$ -
<b>TOTAL METHOD OF FINANCE</b>	<b>\$ 6,971,365</b>	<b>\$ 30,616,875</b>	<b>\$ 37,588,240</b>
<b>Expenditures:</b>			
<b>Managed Health Care - Pharmacy</b>			
Salaries	\$ 1,146,617	\$ 4,122,656	\$ 5,269,272
Benefits	\$ 52,446	\$ 1,357,605	\$ 1,410,051
Other Operating Expenses	\$ 209,211	\$ 1,097,059	\$ 1,306,270
Pharmaceutical Purchases	\$ 3,869,548	\$ 23,491,768	\$ 27,361,317
Travel	\$ 6,401	\$ 10,218	\$ 16,619
Capitalized Equipment	\$ -	\$ -	\$ -
<b>Subtotal, Managed Health Care - Pharmacy Expenditures</b>	<b>\$ 5,284,223</b>	<b>\$ 30,079,306</b>	<b>\$ 35,363,529</b>
<b>Indirect Expenditures (Shared Services)</b>	<b>\$ 190,479</b>	<b>\$ 796,242</b>	<b>\$ 986,721</b>
<b>TOTAL EXPENDITURES</b>	<b>\$ 5,474,702</b>	<b>\$ 30,875,547</b>	<b>\$ 36,350,249</b>
<b>DIFFERENCE</b>	<b>\$ 1,496,663</b>	<b>\$ (258,672)</b>	<b>\$ 1,237,991</b>

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**Key Population Indicators**

	September	October	November	1st Quarter	December	January	February	2nd Quarter	FY2023
<b>Average Service Population</b>	124,631	125,627	126,047	125,435	126,334	127,054	127,173	126,854	126,144
<b>Population Age 55 and Over</b>	19,305	19,415	19,483	19,401	19,627	19,627	19,637	19,630	19,516
<i>Percent of Total Population</i>	15.5%	15.5%	15.5%	15.5%	15.5%	15.4%	15.4%	15.5%	15.5%
<b>Key Treatment Populations, Month End</b>									
Patients receiving HIV Treatment	1,614	1,598	1,644	1,619	1,663	1,669	1,677	1,670	1,644
Patients receiving Hep C Treatment	384	429	545	453	468	417	415	433	443
Patients Receiving Dialysis Treatment	228	229	229	229	221	220	221	221	112
Age 55 and Over	129	129	132	130	124	121	119	121	126
Under 55	99	100	97	99	97	99	102	99	99
<b>Medical Inpatient Average Daily Census</b>									
UTMB-Hospital Galveston	113	114	110	112	116	117	116	116	114
UTMB Community Hospitals	23	28	24	25	23	24	28	25	25
TTUHSC Community Hospitals	11	10	13	11	11	11	10	11	11
<b>Medical Inpatient Average Daily Census</b>	147	152	147	148	149	152	154	152	150
<b>Medical Inpatient Discharges</b>									
UTMB-Hospital Galveston	414	424	372	1,210	419	335	373	1,127	2,337
UTMB Community Hospitals	139	153	148	440	117	154	138	409	849
TTUHSC Community Hospitals	68	66	86	220	65	63	46	174	394
<b>Medical Inpatient Discharges</b>	621	643	606	1,870	601	552	557	1,710	3,580
<b>Average Length of Stay (in days)</b>									
UTMB - Hospital Galveston	7.59	7.75	8.01	7.78	7.37	8.71	7.56	7.88	7.83
UTMB Community Hospitals	4.98	5.64	4.84	5.15	6.01	4.84	5.64	5.50	5.33
TTUHSC Community Hospitals	5.00	4.54	4.21	4.58	5.13	5.09	5.27	5.16	4.87
<b>Infirm and Sheltered Housing Census, Month End</b>									
UTMB Infirmity	558	541	564	554	567	557	573	566	560
UTMB Sheltered Housing	579	589	579	582	573	567	572	571	577
TTUHSC Infirmity	119	127	128	125	131	131	155	139	132
<b>Infirm and Sheltered Housing Census, Month End</b>	1,256	1,257	1,271	1,261	1,271	1,255	1,300	1,275	1,268
<i>Percent of Capacity Filled</i>	87.3%	88.3%	88.3%	88.0%	88.3%	87.2%	89.8%	88.4%	88.2%
<b>Medical Outpatient Visits</b>									
UTMB Specialty Clinics and ER Visits	7,007	7,196	6,579	6,927	6,682	7,010	6,556	6,749	6,838
TTUHSC Community Outpatient and ER Visits	2,973	3,190	3,242	3,135	2,968	3,264	2,889	3,040	3,088
<b>Medical Outpatient Visits</b>	9,980	10,386	9,821	10,062	9,650	10,274	9,445	9,790	9,926
<b>Mental Health Inpatient Average Census</b>									
UTMB Psychiatric Inpatient	1,021	1,017	1,011	1,016	1,021	1,030	1,018	1,023	1,020
TTUHSC Psychiatric Inpatient	761	817	825	801	890	765	806	820	811
<b>Mental Health Inpatient Average Census</b>	1,782	1,834	1,836	1,817	1,911	1,795	1,824	1,843	1,830
<b>Mental Health Outpatient Caseload, Month End</b>									
UTMB Psychiatric Outpatient	23,685	24,121	24,409	24,072	24,358	25,007	25,078	24,814	24,443
TTUHSC Psychiatric Outpatient	6,047	5,836	6,092	5,992	6,043	6,110	6,087	6,080	6,036
<b>Mental Health Outpatient Caseload, Month End</b>	29,732	29,957	30,501	30,063	30,401	31,117	31,165	30,894	30,479

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**Key Budget Drivers (Cost)**

	September	October	November	1st Quarter	December	January	February	2nd Quarter	FY2023
<b>Selected Drug Costs</b>									
HIV Medications	\$ 1,395,111	\$ 2,099,535	\$ 996,875	\$ 4,491,520	\$ 1,624,656	\$ 1,533,549	\$ 1,733,541	\$ 4,891,747	\$ 9,383,267
Hepatitis C Medications	\$ 942,464	\$ 1,045,199	\$ 1,105,750	\$ 3,093,412	\$ 988,319	\$ 932,962	\$ 849,550	\$ 2,770,831	\$ 5,864,243
Psychiatric Medications	\$ 248,073	\$ 274,839	\$ 238,389	\$ 761,301	\$ 215,077	\$ 212,326	\$ 190,947	\$ 618,350	\$ 1,379,651
All Other Drug Costs	\$ 1,778,408	\$ 1,536,277	\$ 1,688,982	\$ 5,003,667	\$ 1,489,880	\$ 1,884,325	\$ 1,244,026	\$ 4,618,231	\$ 9,621,898
<b>Total Drug Costs</b>	<b>\$ 4,364,056</b>	<b>\$ 4,955,849</b>	<b>\$ 4,029,996</b>	<b>\$ 13,349,900</b>	<b>\$ 4,317,932</b>	<b>\$ 4,563,163</b>	<b>\$ 4,018,064</b>	<b>\$ 12,899,159</b>	<b>\$ 26,249,059</b>
<b>Dialysis</b>									
Age 55 and Over	\$ 352,069	\$ 362,408	\$ 375,784	\$ 1,090,261	\$ 349,398	\$ 340,526	\$ 317,444	\$ 1,007,368	\$ 2,097,629
UTMB	\$ 314,941	\$ 330,992	\$ 338,656	\$ 984,589	\$ 306,082	\$ 309,110	\$ 286,028	\$ 901,220	\$ 1,885,809
TTUHSC	\$ 37,128	\$ 31,416	\$ 37,128	\$ 105,672	\$ 43,316	\$ 31,416	\$ 31,416	\$ 106,148	\$ 211,820
Under 55	\$ 309,375	\$ 321,239	\$ 324,601	\$ 955,216	\$ 298,599	\$ 301,564	\$ 271,156	\$ 871,318	\$ 1,826,534
UTMB	\$ 289,930	\$ 286,694	\$ 295,225	\$ 871,850	\$ 284,360	\$ 279,018	\$ 249,220	\$ 812,597	\$ 1,684,447
TTUHSC	\$ 19,445	\$ 34,545	\$ 29,376	\$ 83,366	\$ 14,239	\$ 22,546	\$ 21,936	\$ 58,721	\$ 142,087
<b>Total Dialysis</b>	<b>\$ 661,444</b>	<b>\$ 683,647</b>	<b>\$ 700,386</b>	<b>\$ 2,045,477</b>	<b>\$ 647,996</b>	<b>\$ 642,090</b>	<b>\$ 588,600</b>	<b>\$ 1,878,686</b>	<b>\$ 3,924,163</b>
<b>Offsite Hospital Services</b>									
Age 55 and Over	\$ 11,246,854	\$ 11,879,689	\$ 12,540,321	\$ 35,666,865	\$ 13,689,587	\$ 12,020,082	\$ 12,226,217	\$ 37,935,886	\$ 73,602,751
UTMB	\$ 10,651,417	\$ 11,215,425	\$ 12,370,596	\$ 34,237,437	\$ 12,881,491	\$ 11,110,437	\$ 11,579,781	\$ 35,571,710	\$ 69,809,147
TTUHSC	\$ 595,438	\$ 664,265	\$ 169,725	\$ 1,429,428	\$ 808,096	\$ 909,644	\$ 646,436	\$ 2,364,176	\$ 3,793,604
Under 55	\$ 10,349,561	\$ 11,085,871	\$ 10,765,357	\$ 32,200,789	\$ 9,545,255	\$ 11,552,175	\$ 11,529,311	\$ 32,626,740	\$ 64,827,529
UTMB	\$ 9,263,337	\$ 9,768,552	\$ 10,622,328	\$ 29,654,217	\$ 8,896,656	\$ 10,052,318	\$ 9,992,259	\$ 28,941,233	\$ 58,595,450
TTUHSC	\$ 1,086,224	\$ 1,317,319	\$ 143,029	\$ 2,546,572	\$ 648,598	\$ 1,499,857	\$ 1,537,052	\$ 3,685,507	\$ 6,232,079
<b>Total Offsite Hospital Services</b>	<b>\$ 21,596,415</b>	<b>\$ 22,965,561</b>	<b>\$ 23,305,677</b>	<b>\$ 67,867,653</b>	<b>\$ 23,234,841</b>	<b>\$ 23,572,256</b>	<b>\$ 23,755,528</b>	<b>\$ 70,562,626</b>	<b>\$ 138,430,280</b>
<b>C.1.8. Salaries/Agency Nursing/Overtime</b>									
UTMB	\$ 16,438,152	\$ 16,700,361	\$ 16,723,795	\$ 49,862,308	\$ 17,392,382	\$ 17,403,944	\$ 14,721,699	\$ 49,518,025	\$ 99,380,334
Salaries	\$ 2,683,002	\$ 2,940,311	\$ 2,701,451	\$ 8,324,764	\$ 2,740,904	\$ 2,473,712	\$ 2,539,023	\$ 7,753,639	\$ 16,078,403
Agency Nursing	\$ 1,415,651	\$ 1,483,080	\$ 1,337,554	\$ 4,236,284	\$ 1,334,605	\$ 1,275,556	\$ 1,232,314	\$ 3,842,476	\$ 8,078,760
Overtime	\$ 20,536,805	\$ 21,123,753	\$ 20,762,800	\$ 62,423,357	\$ 21,467,891	\$ 21,153,213	\$ 18,493,036	\$ 61,114,140	\$ 123,537,497
TTUHSC	\$ 3,201,654	\$ 3,249,303	\$ 3,260,228	\$ 9,711,185	\$ 3,356,049	\$ 3,293,397	\$ 2,995,621	\$ 9,645,068	\$ 19,356,253
Salaries	\$ 393,240	\$ 569,980	\$ 231,045	\$ 1,194,265	\$ 530,894	\$ 230,735	\$ 413,876	\$ 1,175,505	\$ 2,369,770
Agency Nursing	\$ 61,425	\$ 76,758	\$ 56,267	\$ 194,451	\$ 65,809	\$ 55,553	\$ 56,107	\$ 177,468	\$ 371,920
Overtime	\$ 3,656,319	\$ 3,896,041	\$ 3,547,541	\$ 11,099,902	\$ 3,952,752	\$ 3,579,685	\$ 3,465,604	\$ 10,998,041	\$ 22,097,943
<b>TTUHSC Total</b>	<b>\$ 24,193,124</b>	<b>\$ 25,019,794</b>	<b>\$ 24,310,341</b>	<b>\$ 73,523,259</b>	<b>\$ 25,420,643</b>	<b>\$ 24,732,898</b>	<b>\$ 21,958,640</b>	<b>\$ 72,112,181</b>	<b>\$ 145,635,439</b>
<b>Total C.1.8. Salaries/Agency Nursing/Overtime</b>									
<b>FTEs</b>									
UTMB	2,746.8	2,775.8	2,763.5	2,762.0	2,788.3	2,796.3	2,785.9	2,790.1	2,776.1
TTUHSC	686.5	689.0	690.5	688.7	695.7	688.9	686.3	690.3	689.5
<b>Total FTEs</b>	<b>3,433.3</b>	<b>3,464.8</b>	<b>3,454.1</b>	<b>3,450.7</b>	<b>3,484.0</b>	<b>3,485.1</b>	<b>3,472.2</b>	<b>3,480.4</b>	<b>3,465.6</b>
<b>Key Occupational Categories, Percent Filled</b>									
<b>UTMB</b>	<b>79.0%</b>	<b>79.8%</b>	<b>79.5%</b>	<b>79.4%</b>	<b>80.2%</b>	<b>80.4%</b>	<b>80.1%</b>	<b>80.2%</b>	<b>79.8%</b>
Nursing	73.5%	73.8%	73.3%	73.5%	74.0%	73.7%	73.3%	73.7%	73.6%
Mental Health	76.2%	77.0%	76.5%	76.6%	77.0%	77.8%	77.0%	77.3%	76.9%
Providers (Physician, Med. Director, Professor, Mid Level Practitioner)	85.4%	85.7%	85.7%	85.6%	87.8%	87.8%	88.4%	88.0%	86.8%
Dental	88.9%	89.9%	89.8%	89.5%	88.2%	88.6%	89.9%	88.9%	89.2%
Pharmacy	92.3%	93.0%	93.0%	92.7%	92.3%	93.7%	91.6%	92.5%	92.6%
Other Positions	85.6%	87.4%	87.3%	86.8%	88.5%	89.5%	89.4%	89.1%	88.0%
<b>TTUHSC</b>	<b>68.9%</b>	<b>69.1%</b>	<b>69.3%</b>	<b>69.1%</b>	<b>69.8%</b>	<b>69.1%</b>	<b>68.0%</b>	<b>69.0%</b>	<b>69.0%</b>
Nursing	60.6%	60.4%	60.2%	60.4%	60.2%	59.8%	61.0%	60.3%	60.4%
Mental Health	64.9%	66.8%	67.6%	66.4%	67.6%	65.5%	63.1%	65.4%	65.9%
Providers (Physician, Med. Director, Professor, Mid Level Practitioner)	79.0%	77.0%	73.4%	76.5%	77.0%	73.4%	64.3%	71.6%	74.0%
Dental	83.4%	82.7%	81.9%	82.7%	84.8%	86.3%	84.6%	85.3%	84.0%
Pharmacy	101.4%	101.4%	101.4%	101.4%	101.4%	101.4%	95.4%	99.4%	100.4%
Other Positions	84.2%	85.7%	87.6%	85.8%	88.1%	87.5%	82.7%	86.1%	86.0%

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Texas Tech University Health Sciences Center						
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total TTUHSC	Annual Projection 03/20/23
<b>REVENUE:</b>						
TDCJ Appropriation	\$ 29,763,460	\$ 29,436,389	\$ -	\$ -	\$ 59,199,849	\$ 119,380,913
State Reimbursement Benefits	\$ 3,200,445	\$ 3,258,292	\$ -	\$ -	\$ 6,458,737	\$ 12,917,474
Other Misc Revenue	\$ 336	\$ 901	\$ -	\$ -	\$ 1,237	\$ 2,474
<b>TOTAL REVENUES</b>	<b>\$ 32,964,240</b>	<b>\$ 32,695,582</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 65,659,823</b>	<b>\$ 132,300,861</b>

C.1.8. UNIT & PSYCHIATRIC CARE						
<b>EXPENDITURES:</b>						
<b>Unit Care Expenditures</b>						
Salaries	\$ 7,168,385	\$ 7,178,125	\$ -	\$ -	\$ 14,346,511	\$ 28,694,022
Benefits	\$ 2,254,765	\$ 2,388,021	\$ -	\$ -	\$ 4,642,786	\$ 8,895,147
Other Operating Expenses	\$ 1,336,644	\$ 1,091,123	\$ -	\$ -	\$ 2,427,767	\$ 5,305,534
Professional Services	\$ 1,352,973	\$ 1,384,197	\$ -	\$ -	\$ 2,737,170	\$ 5,474,339
Contracted Units/Services	\$ 3,235,756	\$ 3,213,468	\$ -	\$ -	\$ 6,449,223	\$ 12,898,447
Travel	\$ 72,770	\$ 88,544	\$ -	\$ -	\$ 161,314	\$ 322,628
Capitalized Equipment	\$ 80,558	\$ 431,670	\$ -	\$ -	\$ 512,229	\$ 2,524,458
<b>Subtotal, Unit Care Expenditures</b>	<b>\$ 15,501,852</b>	<b>\$ 15,775,148</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 31,277,000</b>	<b>\$ 64,114,575</b>
<b>Psychiatric Care Expenditures</b>						
Salaries	\$ 2,737,251	\$ 2,605,220	\$ -	\$ -	\$ 5,342,471	\$ 10,684,941
Benefits	\$ 737,307	\$ 708,018	\$ -	\$ -	\$ 1,445,325	\$ 3,061,236
Other Operating Expenses	\$ 95,021	\$ 43,493	\$ -	\$ -	\$ 138,515	\$ 277,029
Professional Services	\$ 1,037,082	\$ 745,766	\$ -	\$ -	\$ 1,782,848	\$ 3,585,696
Travel	\$ 18,767	\$ 20,930	\$ -	\$ -	\$ 39,697	\$ 79,394
<b>Subtotal, Psychiatric Care Expenditures</b>	<b>\$ 4,625,427</b>	<b>\$ 4,123,428</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 8,748,855</b>	<b>\$ 17,688,297</b>
<b>Total Expenditures, Unit &amp; Psychiatric Care</b>	<b>\$ 20,127,279</b>	<b>\$ 19,898,576</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 40,025,855</b>	<b>\$ 81,802,871</b>

C.1.9. HOSPITAL & CLINICAL CARE						
<b>EXPENDITURES:</b>						
University Professional Services	\$ 30,827	\$ 364,993	\$ -	\$ -	\$ 395,820	\$ 1,835,000
Freeworld Provider Services	\$ (1,827,275)	\$ 5,704,938	\$ -	\$ -	\$ 3,877,663	\$ 21,339,798
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 4,629,940	\$ 4,256,042	\$ -	\$ -	\$ 8,885,982	\$ 16,835,107
Estimated IBNR	\$ 6,126,978	\$ 781,983	\$ -	\$ -	\$ 6,908,961	\$ -
<b>Total Expenditures, Hospital &amp; Clinical Care</b>	<b>\$ 8,960,470</b>	<b>\$ 11,107,956</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 20,068,426</b>	<b>\$ 40,009,905</b>

C.1.10. MANAGED HEALTH CARE PHARMACY						
<b>EXPENDITURES:</b>						
Salaries	\$ 586,639	\$ 559,978	\$ -	\$ -	\$ 1,146,617	\$ 2,343,233
Benefits	\$ 25,251	\$ 27,195	\$ -	\$ -	\$ 52,446	\$ 104,892
Other Operating Expenses	\$ 106,373	\$ 102,838	\$ -	\$ -	\$ 209,211	\$ 418,422
Pharmaceutical Purchases	\$ 2,075,295	\$ 1,794,254	\$ -	\$ -	\$ 3,869,548	\$ 8,189,097
Travel	\$ 2,832	\$ 3,569	\$ -	\$ -	\$ 6,401	\$ 12,802
Capitalized Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total Expenditures, Managed Health Care Pharmacy</b>	<b>\$ 2,796,389</b>	<b>\$ 2,487,834</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 5,284,223</b>	<b>\$ 11,068,446</b>

<b>Indirect Expenditures (Shared Services)</b>	<b>\$ 824,799</b>	<b>\$ 1,158,965</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 1,983,764</b>	<b>\$ 3,282,975</b>
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<b>TOTAL EXPENDITURES</b>	<b>\$ 32,708,937</b>	<b>\$ 34,653,331</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 67,362,269</b>	<b>\$ 136,164,198</b>
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<b>DIFFERENCE</b>	<b>\$ 255,303</b>	<b>\$ (1,957,749)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (1,702,446)</b>	<b>\$ (3,863,337)</b>
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**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**  
**Financial Report on Inmate Health Care, pursuant to Agency Rider 42**  
**Second Quarter, FY2023**

University of Texas Medical Branch						
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total UTMB	Annual Projection 03/21/23
<b>REVENUE:</b>						
TDCJ Appropriation	\$ 136,600,844	\$ 135,099,736	\$ -	\$ -	\$ 271,700,580	\$ 547,904,484
State Reimbursement Benefits	\$ 15,181,106	\$ 14,971,038	\$ -	\$ -	\$ 30,152,143	\$ 58,079,994
Other Misc Revenue	\$ 16,375	\$ 12,511	\$ -	\$ -	\$ 28,886	\$ 58,250
<b>TOTAL REVENUES</b>	<b>\$ 151,798,324</b>	<b>\$ 150,083,285</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 301,881,609</b>	<b>\$ 606,042,728</b>

C.1.8. UNIT & PSYCHIATRIC CARE						
<b>EXPENDITURES:</b>						
<b>Unit Care Expenditures</b>						
Salaries	\$ 53,990,312	\$ 52,774,611	\$ -	\$ -	\$ 106,764,924	\$ 216,881,887
Benefits	\$ 15,169,587	\$ 15,552,311	\$ -	\$ -	\$ 30,721,898	\$ 62,401,733
Other Operating Expenses	\$ 6,845,002	\$ 6,277,695	\$ -	\$ -	\$ 13,122,697	\$ 28,493,364
Professional Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Contracted Units/Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ 432,818	\$ 441,519	\$ -	\$ -	\$ 874,337	\$ 1,794,122
Capitalized Equipment	\$ 462,692	\$ 624,115	\$ -	\$ -	\$ 1,086,807	\$ 1,930,678
<b>Subtotal, Unit Care Expenditures</b>	<b>\$ 76,900,412</b>	<b>\$ 75,670,251</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 152,570,663</b>	<b>\$ 311,501,785</b>
<b>Psychiatric Care Expenditures</b>						
Salaries	\$ 8,433,045	\$ 8,339,528	\$ -	\$ -	\$ 16,772,573	\$ 33,823,144
Benefits	\$ 2,120,842	\$ 2,188,581	\$ -	\$ -	\$ 4,309,423	\$ 8,690,272
Other Operating Expenses	\$ 88,616	\$ 73,410	\$ -	\$ -	\$ 162,025	\$ 326,736
Professional Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ 34,841	\$ 38,404	\$ -	\$ -	\$ 73,245	\$ 147,704
<b>Subtotal, Psychiatric Care Expenditures</b>	<b>\$ 10,677,343</b>	<b>\$ 10,639,922</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 21,317,266</b>	<b>\$ 42,987,856</b>
<b>Total Expenditures, Unit &amp; Psychiatric Care</b>	<b>\$ 87,577,755</b>	<b>\$ 86,310,174</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 173,887,929</b>	<b>\$ 354,489,641</b>

C.1.9. HOSPITAL & CLINICAL CARE						
<b>EXPENDITURES:</b>						
University Professional Services	\$ 6,069,424	\$ 5,806,824	\$ -	\$ -	\$ 11,876,248	\$ 24,070,813
Freeworld Provider Services	\$ 8,273,785	\$ 13,378,895	\$ -	\$ -	\$ 21,652,680	\$ 57,930,351
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 45,781,327	\$ 47,236,492	\$ -	\$ -	\$ 93,017,819	\$ 193,131,875
Estimated IBNR	\$ 8,309,064	\$ 1,352,992	\$ -	\$ -	\$ 9,662,056	\$ -
<b>Total Expenditures, Hospital &amp; Clinical Care</b>	<b>\$ 68,433,601</b>	<b>\$ 67,775,202</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 136,208,803</b>	<b>\$ 275,133,039</b>

C.1.10. MANAGED HEALTH CARE PHARMACY						
<b>EXPENDITURES:</b>						
Salaries	\$ 2,053,871	\$ 2,068,784	\$ -	\$ -	\$ 4,122,656	\$ 8,321,956
Benefits	\$ 676,886	\$ 680,719	\$ -	\$ -	\$ 1,357,605	\$ 2,740,450
Other Operating Expenses	\$ 620,558	\$ 476,501	\$ -	\$ -	\$ 1,097,059	\$ 2,343,654
Pharmaceutical Purchases	\$ 11,775,246	\$ 11,716,522	\$ -	\$ -	\$ 23,491,768	\$ 48,292,981
Travel	\$ 5,660	\$ 4,558	\$ -	\$ -	\$ 10,218	\$ 20,939
Capitalized Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total Expenditures, Managed Health Care Pharmacy</b>	<b>\$ 15,132,222</b>	<b>\$ 14,947,084</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 30,079,306</b>	<b>\$ 61,719,979</b>

<b>Indirect Expenditures (Shared Services)</b>	<b>\$ 4,288,518</b>	<b>\$ 4,236,345</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 8,524,863</b>	<b>\$ 17,413,121</b>
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<b>TOTAL EXPENDITURES</b>	<b>\$ 175,432,095</b>	<b>\$ 173,268,805</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 348,700,901</b>	<b>\$ 708,755,780</b>
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<b>DIFFERENCE</b>	<b>\$ (23,633,771)</b>	<b>\$ (23,185,520)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (46,819,291)</b>	<b>\$ (102,713,052)</b>
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**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**  
**Financial Report on Inmate Health Care, pursuant to Agency Rider 42**  
**Second Quarter, FY2023**

Combined Total						
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Combined Total	Annual Projection
<b>REVENUE:</b>						
TDCJ Appropriation	\$ 166,364,304	\$ 164,536,125	\$ -	\$ -	\$ 330,900,429	\$ 667,285,397
State Reimbursement Benefits	\$ 18,381,550	\$ 18,229,330	\$ -	\$ -	\$ 36,610,880	\$ 70,997,468
Other Misc Revenue	\$ 16,710	\$ 13,412	\$ -	\$ -	\$ 30,123	\$ 60,724
<b>TOTAL REVENUES</b>	<b>\$ 184,762,565</b>	<b>\$ 182,778,867</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 367,541,432</b>	<b>\$ 738,343,589</b>

C.1.8. UNIT & PSYCHIATRIC CARE						
<b>EXPENDITURES:</b>						
<b>Unit Care Expenditures</b>						
Salaries	\$ 61,158,698	\$ 59,952,737	\$ -	\$ -	\$ 121,111,435	\$ 245,575,909
Benefits	\$ 17,424,352	\$ 17,940,332	\$ -	\$ -	\$ 35,364,684	\$ 71,296,880
Other Operating Expenses	\$ 8,181,646	\$ 7,368,818	\$ -	\$ -	\$ 15,550,464	\$ 33,798,899
Professional Services	\$ 1,352,973	\$ 1,384,197	\$ -	\$ -	\$ 2,737,170	\$ 5,474,339
Contracted Units/Services	\$ 3,235,756	\$ 3,213,468	\$ -	\$ -	\$ 6,449,223	\$ 12,898,447
Travel	\$ 505,588	\$ 530,063	\$ -	\$ -	\$ 1,035,651	\$ 2,116,750
Capitalized Equipment	\$ 543,250	\$ 1,055,786	\$ -	\$ -	\$ 1,599,036	\$ 4,455,136
<b>Subtotal, Unit Care Expenditures</b>	<b>\$ 92,402,264</b>	<b>\$ 91,445,399</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 183,847,663</b>	<b>\$ 375,616,359</b>
<b>Psychiatric Care Expenditures</b>						
Salaries	\$ 11,170,295	\$ 10,944,748	\$ -	\$ -	\$ 22,115,044	\$ 44,508,086
Benefits	\$ 2,858,149	\$ 2,896,599	\$ -	\$ -	\$ 5,754,748	\$ 11,751,508
Other Operating Expenses	\$ 183,637	\$ 116,903	\$ -	\$ -	\$ 300,540	\$ 603,765
Professional Services	\$ 1,037,082	\$ 745,766	\$ -	\$ -	\$ 1,782,848	\$ 3,585,696
Travel	\$ 53,608	\$ 59,334	\$ -	\$ -	\$ 112,942	\$ 227,098
<b>Subtotal, Psychiatric Care Expenditures</b>	<b>\$ 15,302,770</b>	<b>\$ 14,763,351</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 30,066,121</b>	<b>\$ 60,676,153</b>
<b>Total Expenditures, Unit &amp; Psychiatric Care</b>	<b>\$ 107,705,034</b>	<b>\$ 106,208,750</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 213,913,784</b>	<b>\$ 436,292,512</b>

C.1.9. HOSPITAL & CLINICAL CARE						
<b>EXPENDITURES:</b>						
University Professional Services	\$ 6,100,251	\$ 6,171,816	\$ -	\$ -	\$ 12,272,068	\$ 25,905,813
Freeworld Provider Services	\$ 6,446,511	\$ 19,083,833	\$ -	\$ -	\$ 25,530,343	\$ 79,270,149
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 50,411,267	\$ 51,492,534	\$ -	\$ -	\$ 101,903,801	\$ 209,966,982
Estimated IBNR	\$ 14,436,042	\$ 2,134,975	\$ -	\$ -	\$ 16,571,017	\$ -
<b>Total Expenditures, Hospital &amp; Clinical Care</b>	<b>\$ 77,394,072</b>	<b>\$ 78,883,158</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 156,277,230</b>	<b>\$ 315,142,944</b>

C.1.10. MANAGED HEALTH CARE PHARMACY						
<b>EXPENDITURES:</b>						
Salaries	\$ 2,640,510	\$ 2,628,762	\$ -	\$ -	\$ 5,269,272	\$ 10,665,189
Benefits	\$ 702,138	\$ 707,914	\$ -	\$ -	\$ 1,410,051	\$ 2,845,342
Other Operating Expenses	\$ 726,931	\$ 579,339	\$ -	\$ -	\$ 1,306,270	\$ 2,762,075
Pharmaceutical Purchases	\$ 13,850,541	\$ 13,510,776	\$ -	\$ -	\$ 27,361,317	\$ 56,482,077
Travel	\$ 8,492	\$ 8,127	\$ -	\$ -	\$ 16,619	\$ 33,741
Capitalized Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total Expenditures, Managed Health Care Pharmacy</b>	<b>\$ 17,928,611</b>	<b>\$ 17,434,918</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 35,363,529</b>	<b>\$ 72,788,425</b>

<b>Indirect Expenditures (Shared Services)</b>	<b>\$ 5,113,316</b>	<b>\$ 5,395,311</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 10,508,627</b>	<b>\$ 20,696,097</b>
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<b>TOTAL EXPENDITURES</b>	<b>\$ 208,141,033</b>	<b>\$ 207,922,137</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 416,063,169</b>	<b>\$ 844,919,978</b>
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<b>DIFFERENCE</b>	<b>\$ (23,378,468)</b>	<b>\$ (25,143,269)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (48,521,737)</b>	<b>\$ (106,576,389)</b>
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<b>FY2023 Spend Forward to FY2022 - LBB Approved</b>						<b>\$ (20,484,298)</b>
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<b>Projected Uncollected Health Care Fees</b>						<b>\$ (677,000)</b>
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<b>FY2022 Remaining Balance</b>						<b>\$ (14,227,683)</b>
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<b>NET DIFFERENCE</b>	<b>\$ (23,378,468)</b>	<b>\$ (25,143,269)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (48,521,737)</b>	<b>\$ (141,965,370)</b>
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**TEXAS DEPARTMENT OF  
CRIMINAL JUSTICE**

***HEALTH SERVICES DIVISION  
MEDICAL DIRECTOR'S REPORT  
Second Quarter FY 2023***

***Lannette Linthicum, MD, CCHP-A, FACP***

**TDCJ Medical Director's Report**

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# TDCJ Medical Director's Report

## Office of Health Services Monitoring (OHSM)

### OPERATIONAL REVIEW AUDIT (ORA)

During the Second Quarter Fiscal Year (FY) 2023 (December 2022, January, and February 2023), Operational Review Audits (ORAs) were conducted at the following **8** facilities: Boyd, Bridgeport, Ellis, Hamilton, Lewis, Pack, Polunsky, and Powledge units.

- To be considered compliant, a facility must score 80% or better on an Operational Review Question. For any question below 80%, a corrective action plan is required from the facility to ensure future compliance. The following is a summary of the **10** items found to be most frequently out of compliance in the Operational Review Audits conducted in the Second Quarter of FY 2022:
  1. Item **1.630** requires the facility to have an overall health services staffing vacancy of no more than 12%. The following **8** facilities were not in compliance with this requirement:
    - Boyd (0%) – Corrective action plan pending
    - Bridgeport (0%) – Corrective action plan received
    - Ellis (0%) – Corrective action plan pending
    - Hamilton (0%) – Corrective action plan pending
    - Lewis (0%) – Corrective action plan pending
    - Pack (0%) – Corrective action plan received
    - Polunsky (0%) – Corrective action plan pending
    - Powledge (0%) – Corrective action plan pending
  2. Item **5.210** requires an annual physical for inmates 50 years of age or greater be documented in the medical record within 30 days of their annual date incarceration. The following **6** facilities were not in compliance with this requirement:
    - Boyd (27%) – Corrective action plan pending
    - Ellis (30%) – Corrective action plan pending
    - Hamilton (76%) – Corrective action plan pending
    - Lewis (GP 52%, ECB 27%) – Corrective action plan pending
    - Pack (57%) – Corrective action plan received
    - Polunsky (22%) – Corrective action pending
  3. Item **6.210** requires HIV positive inmates at the facility be seen in chronic care clinic every 6 months. The following **6** facilities were not in compliance with this requirement:
    - Boyd (50%) Corrective action plan pending
    - Ellis (67) – Corrective action plan pending
    - Lewis (GP 36%, ECB 50%) – Corrective action plan pending
    - Pack (69%) – Corrective action plan received
    - Polunsky (58%) – Corrective action plan pending
    - Powledge (36%) – Corrective action plan pending
  4. Item **4.490** requires inmates who are prescribed anti-psychotic medications be reassessed a minimum of every 6 months by trained personnel using the Abnormal Involuntary Movements Scale for as long as the anti-psychotic medication is continued. The following **6** facilities were not in compliance with this requirement:
    - Boyd (45%) – Corrective action plan pending
    - Ellis (65%) – Corrective action plan pending
    - Lewis (ECB) (70%) – Corrective action plan pending
    - Pack (38%) – Corrective action plan received

**OPERATIONAL REVIEW AUDIT (ORA) (CONTINUED)**

- Polunsky (65%) – Corrective action plan pending
  - Powledge (55%) – Corrective action plan pending
5. Item **5.065** requires an order in the Electronic Health Record (EHR) for a therapeutic diet for each inmate that has a qualifying diagnosis. The following **5** facilities were not in compliance with this requirement:
- Boyd (70%) – Corrective action plan pending
  - Hamilton (74%) – Corrective action plan pending
  - Lewis (GP 71%, ECB 67%) – Corrective action plan pending
  - Polunsky (75%) – Corrective action plan pending
  - Powledge (78%) – Corrective action plan pending
6. Item **5.155** requires intra-system medical transfers returning to the facility from an inpatient infirmary, an inpatient psych facility, or returning inmates for whom there were changes in medication orders, treatment plan, housing assignment or disciplinary restrictions have their HSN-1 reviewed and documented by a physician or med-level practitioner. The following **5** facilities were not in compliance with this requirement:
- Boyd (75%) – Corrective action plan pending
  - Hamilton (40%) – Corrective action plan pending
  - Lewis (GP 70%, ECB 70%) – Corrective action plan pending
  - Pack (73%) – Corrective action plan received
  - Polunsky (62%) – Corrective action plan pending
7. Item **5.180** requires inmates with chronic illnesses have a documented Individual Treatment Plan within the minimum time frame required: (1) 6 months IDDM and NIDDM, (2) 12 months for Asthma/COPD/Respiratory, CAD/Heart Disease, HTN, Hyperlipidemia and Seizure Disorders. The following **5** facilities were not in compliance with this requirement:
- Boyd (61%) – Corrective action plan pending
  - Ellis (33%) - Corrective action plan pending
  - Lewis (GP 30%, ECB 33%) – Corrective action plan pending
  - Pack (29%) – Corrective action plan received
  - Polunsky (25%) – Corrective action plan pending
8. Item **6.040** requires all inmates receiving anti-tuberculosis medication at the facility have a HSM-19 completed. The following **5** facilities were not in compliance with this requirement:
- Bridgeport (50%) – Corrective action plan received
  - Ellis (40%) – Corrective action plan pending
  - Hamilton (0%) – Corrective action plan pending
  - Lewis (GP 50%, ECB 0%) – Corrective action plan pending
  - Polunsky (71%) – Corrective action plan pending
9. Item **6.080** requires TB-400 forms (Texas Department of State Health Services-Tuberculosis Elimination Division) be completed at the facility for all inmates receiving: (1) Tuberculosis chemoprophylaxis, (2) identification of a TB suspect case, (3) diagnosis of a case of active TB and (4) at termination/completion of TB therapy. The following **5** facilities were not in compliance with this requirement:
- Bridgeport (0%), - Corrective action plan received
  - Hamilton (50%) – Corrective action plan pending
  - Lewis (GP 50%, ECB 0%) – Corrective action plan pending
  - Pack (17%) – Corrective action plan received
  - Polunsky (75%) – Corrective action plan pending

## OPERATIONAL REVIEW AUDIT (ORA) (CONTINUED)

10. Item **6.340** require APRI scores be calculated on the unit at least annually for all inmates diagnosed with HCV. The following **5** facilities were not in compliance with this requirement:
- Boyd (57%) – Corrective action plan pending
  - Ellis (60%) – Corrective action plan pending
  - Hamilton (69%) – Corrective action plan pending
  - Lewis (GP 80%, ECB 56%) – Corrective action plan pending
  - Polunsky (60%) – Corrective action plan pending

During the previous quarter, ORAs for **8** facilities had pending corrective action plans: Allred, Clemens, Crain, Hughes, Memorial, Murray, Roach, and Terrell units. During the Second Quarter FY 2023, **all** were closed.

## CAPITAL ASSETS CONTRACT MONITORING

Fixed Assets Contract Monitoring officer conducts onsite audits to monitor compliance with the Health Services Policy and State Property Accounting (SPA) policy regarding inventory procedures. All **8** facilities scheduled were within the required compliance range.

## DENTAL QUALITY REVIEW AUDIT

During the Second Quarter of FY 2023 (December 2022, January, and February 2023), Dental Quality Review audits were conducted at the following **13** facilities: Coleman, Dominguez, Gist, Goree, Halbert, Hamilton, Henley, Kyle, LeBlanc, Plane, San Saba, Stiles, and Travis units. The following is a summary of the items found to be most frequently below 80 percent:

- **Item 2** assesses if records of inmates being transferred from one unit of assignment to another unit of assignment were reviewed within 7 days of the inmate's arrival at the new unit of assignment per CMHC Policy E-32.1. **6** of the **13** facilities were not in compliance: Gist (79%), Goree (78%), Kyle (64%), Henley (62%), Stiles (62%) and Plane (56%).
- **Item 19** assesses if levels are reflected in the Comprehensive Treatment Plan. **3** of the **13** facilities were out of compliance: Stiles (76%), Gist (74%) and Plane (0%).
- **Item 23** assesses if the periodontal charting and radiographic survey of remaining dentition was reviewed by the treating dentist, and if the periodontal treatment plan was updated within 30 days. **3** of the **13** facilities were not in compliance: Gist (75%), Hamilton (67%) and Goree (0%).
- **Item 3** assesses if a Dental Intake Assessment was provided by a dentist within **30 days** of the inmate's initial admission into TDCJ per CMHC Policy E-36.2. **2** of **13** facilities were not in compliance: Travis County (36%) and Dominguez (30%).
- **Item 13** assesses if current vital signs are documented in the Comprehensive Treatment Plan (CTP). **2** of the **13** facilities were out of compliance: Plane (73%) and Goree (43%).

## GRIEVANCES AND PATIENT LIAISON CORRESPONDENCE

During the Second Quarter of FY 2023 (December 2022, January, and February 2023), the Patient Liaison Program (PLP) and the Step II Grievance Program received **3,453** correspondences. The PLP received **2,740** and Step II Grievance received **713**. There were **176** Action Requests generated by the Patient Liaison and the Step II Grievance Programs.

## GRIEVANCES AND PATIENT LIAISON CORRESPONDENCE (CONTINUED)

The University of Texas Medical Branch (UTMB) and Texas Tech University Health Sciences Center (TTUHSC) overall combined percentage of sustained inmate medical grievances closed in the Second Quarter FY 2022 for the Step II medical grievances was **4%**. Performance measure expectation is **6%** or less (Article IX, Correctional Managed Health Care contract). The percentage of sustained Step II medical grievances from UTMB was **4%** and **3%** for TTUHSC for the Second Quarter of FY 2023.

Action Requests are generated to address Quality of Care issues, i.e., clinical decisions, complaints about medical personnel and staff practice issues. Action Requests are also generated to address access to care, policy, and documentation issues.

## QUALITY IMPROVEMENT (QI) ACCESS TO CARE AUDIT

During the Second Quarter of FY 2023, (December 2022, January, and February 2023), the Patient Liaison Program nurses and investigators performed **20** Sick Call Request Verification Audits (SCRVA) on **19** facilities. At some units, Expansion Cell Block areas were counted as a separate audit. This audit was formerly known as Access to Care (ATC) audits. The SCRVA examines and verifies the facility methodology for reporting Access to Care. A random sample of Sick Call Requests was also audited by the Office of Professional Standards (OPS) staff. A total of **180** indicators were reviewed at the **19** facilities and **5** of the indicators fell below the 80 percent compliance threshold, representing **3** percent. The discipline composite score (medical/nursing, dental, and mental health) is an overall assessment of compliance with the sick call process of the **19** facilities audited. There were **3** units with one or more discipline composite scores below 80. Corrective action has been requested from these facilities. At each unit, OPS staff continued educating the medical staff.

The frequency of the Sick Call Request Verification Audits (SCRVA) was changed in the Second Quarter of FY 2011. Units with an average composite score of 80 or above in each discipline will be audited one time per fiscal year. Those with average composite scores less than 80 in a discipline(s) or less than a two year history of scores will have that discipline(s) audited quarterly.

## OFFICE OF PUBLIC HEALTH

The Public Health Program monitors cases of infectious diseases in newly incarcerated inmates as well as new cases that occur within the TDCJ inmate population. The data is reported by the facilities for 11 infectious conditions including Syphilis, Hepatitis C Virus (HCV), Human Immunodeficiency Virus (HIV), and Tuberculosis (TB) as well as the data for occupational exposures to bloodborne pathogens.

- The reporting mechanism for HIV tests was changed effective February 1, 2010. HIV tests are now to be classified as belonging to one of four categories: intake, provider requested, inmate requested, or pre-release. HIV testing became mandatory at intake in July 2007. However, inmates who are already known to be HIV positive are not required to be retested at intake. Instead, they are offered laboratory testing to assess the severity of their infections. HIV testing became mandatory for pre-release in September 2005 (HB 43). Pre-release testing generally occurs during the last six months of incarceration. Two categories of inmates do not require pre-release testing: those already known to be HIV positive and those whose intake test were drawn within six months of an inmate's release date. During the Second Quarter FY 2022, there were **12,818** intake HIV tests performed. Of those tested, **127** inmates were newly identified as having HIV infection. During the same time period, there were **6,642** pre-release tests performed with **1** found to be HIV positive. For this quarter, **10** new AIDS cases were identified.
- There were **359** cases of Hepatitis C identified for the Second Quarter FY 2023. This number may not represent an actual new diagnosis, but rather the first time it was identified in TDCJ.
- **1,011** cases of suspected Syphilis were reported in the Second Quarter FY 2023. **473** required treatment or retreatment. Syphilis can take months to identify, these figures represent an overestimation of actual number of cases. Some of the suspected cases will later be reclassified as resolved prior infections.

## OFFICE OF PUBLIC HEALTH (CONTINUED)

- **226** Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported for the Second Quarter FY 2023. For the same time period, **82** Methicillin-Sensitive Staphylococcus Aureus (MSSA) cases were reported. These cases are based on culture reports and may include inmates who have previously been diagnosed with MRSA or MSSA. Numbers for both organisms have fluctuated over the last few years with no trends or concerning patterns identified.
- There was an average of **23** TB cases (pulmonary and extra-pulmonary) under management for the Second Quarter FY 2023. This number includes those diagnosed prior to entering TDCJ and still receiving treatment, and those who were diagnosed in TDCJ. Although TB numbers often fluctuate significantly from year to year, there has been a slight increase in the numbers of inmates under management for TB over the last few years.
- In FY 2006, the Office of Public Health began reporting the activities of the Sexual Assault Nurse Examiner (SANE) Coordinator. This position collaborates with the Safe Prisons Program and is trained and certified as a SANE. This position audits the documentation and services provided by medical personnel for each sexual assault reported. There have been **260** chart reviews of alleged sexual assaults performed for the Second Quarter FY 2023. There were **80** deficiencies found this quarter and corrective action requested. Blood-borne exposure baseline labs were drawn on **101** exposed inmates. To date, **0** inmates have tested positive for HIV in follow-up labs routinely obtained after the report of sexual assault.
- During the Second Quarter FY 2023, **5** units received a five day peer educator training which included a three day Wall Talk training and a two day Somebody Cares peer education training. As of the close of the quarter, **91** of the **100** facilities housing Correctional Institutions Division (CID) inmates had active peer education programs. During the Second Quarter FY 2023, **93** inmates trained to become peer educators. This is a decrease from the First Quarter FY 2023 report. During the Second Quarter FY 2023, **14,522** inmates attended the classes presented by peer educators. This is an increase from the First Quarter FY 2023.

## MORBIDITY AND MORTALITY

There were **141** deaths reviewed by the Mortality and Morbidity Committee during the months of December 2022, January, and February 2023, of those **141** deaths, **1** was referred to a peer review committee.

A referral to a peer review committee does not necessarily indicate that substandard care was provided. It is a request for the Correctional Managed Health Care providers to review the case through their respective quality assurance processes. Referrals may also be made to address systemic issues to improve the delivery of health care.

Peer Review Committee	Number of Cases Referred
Provider Peer Review	1
Nursing Peer Review	0
Provider and Dental Peer Review	0
<b>Total</b>	<b>1</b>

## OFFICE OF MENTAL HEALTH SERVICES MONITORING & LIAISON

The following is a summary of findings by the Office of Mental Health Monitoring & Liaison (OMHM&L) during the Second Quarter FY 2023:

- The OMHM&L monitors all restrictive housing within the TDCJ Correctional Institutions Division (CID) and State Jails once every six months. During the Second Quarter FY 2023, **19** restrictive housing units were audited including: Clemens, Coffield, Estelle, Gist, Hughes, Hutchins, Lewis, Lopez, Luther, Lychner, Memorial, Michael, Mountain View, Murray, Pack, Powledge, Ramsey, Sanchez, and Stiles units.

## OFFICE OF MENTAL HEALTH SERVICES MONITORING & LIAISON (CONTINUED)

The OMHM&L auditors observed **1,400** inmates, interviewed **1,159** inmates, and none were referred for further evaluation by university providers.

- In addition to monitoring the mental health status of restrictive housing inmates, the OMHM&L auditors also assess access to care (ATC) for mental health and availability of the 911 tool to be used in case of emergency. The auditors check for timely triage ATC 4, appropriate description of chief complaint ATC 5, and timely provider visits after referral ATC 6. **15** of the **19** facilities were **100%** compliant on ATC 4, ATC 5 and ATC 6 and **4** of the **19** facilities did not have applicable data at the time of the audit. For the 911 tool availability, **16** of the **19** facilities were **100%** compliant. **3** facilities of the **19** (Clemens, Luther, Lopez), did not have inmates in restrictive housing at the time of the audit.
- The OMHM&L monitors all instances of administration of compelled psychoactive medication to inmates to ensure all instances of compelled medications are appropriately documented. During the Second Quarter FY 2023, a total of **67** instances of compelled psychoactive medication occurred. There were **19** instances at the Montford Unit, **17** instances at the Skyview Unit, **31** instances at the Wayne Scott Unit, and **0** instance at the Clements Unit. During each month of the quarter, Skyview and Scott were **100%** compliant with required criteria for implementation and documentation of compelled psychoactive medication. Montford was **78%** compliant for the reporting month of December 2022 and **100%** compliant for the reporting months of January and February. The Clements Unit had no applicable instances during the reporting period.
- The Intake Mental Health Evaluation Audit (MHE) conducted by the OMHM&L is designed to provide reasonable assurance that those inmates identified as having a potential mental health need upon intake receive a Mental Health Evaluation within 14 days of identification. Of the **22** intake facilities reviewed, **21** facilities identified incoming inmates in need of Mental Health Evaluations. At the Baten unit there were no inmates identified as applicable to the audit. **10** of the **21** facilities met or exceeded the 80% compliance for completing Mental Health Evaluations within 14 days of identified need: Byrd, East Texas Treatment Facility, Formby, Gist, Glossbrenner, Kegans, Lychner, Plane, Sanchez, and Travis. **11** of the **21** facilities Beto, Dominguez, Garza West, Halbert, Holliday, Hutchins, Johnston, Lindsey, Middleton, Sayle, and Woodman earned compliance scores of 79% or lower. **11** Corrective action plans were required.

## OFFICE OF THE HEALTH SERVICES LIAISON

- The Office of the Health Services Liaison (HSL) conducts a random audit of 10 percent of Electronic Health Records (EHRs) of inmates discharged from hospitals and infirmaries in the TTUHSC and the UTMB sectors. In the Second Quarter of FY 2023, HSL conducted **416** hospital and **89** infirmary discharge audits.
- Each audit determines if vital signs were recorded on the day the inmate left the hospital/infirmery; if the receiving facility had medical services sufficient to meet the inmate's current needs, if the medical record was reviewed by a nursing staff member and referred (if applicable) to an appropriate provider as required by policy, if the inmate required unscheduled medical care related to the admitting diagnosis within the first seven days after discharge and if discharge information was available in the inmate's EHR within 24 hours of the inmate arriving at the unit.
- Of the **416** hospital discharge audits conducted, **350** were from the UTMB Sector and **66** were from the TTUHSC sector. There were **146** deficiencies identified for UTMB and **20** identified for TTUHSC. Of the **89** infirmary discharge audits conducted **47** were from the UTMB sector and **42** were from the TTUHSC sector. There were **4** deficiencies identified from UTMB and **23** for TTUHSC.

## ACCREDITATION

The ACA 153<sup>rd</sup> Congress of Corrections Conference will be held in Philadelphia, Pennsylvania on August 10-13, 2023, and the following facilities will be represented: Daniel, Estelle, Formby, Glossbrenner, Hodge, Jester III, Scott, Skyview, Smith, Ramsey, Roach, Vance, Wheeler, and Wynne units.

## **BIOMEDICAL RESEARCH PROJECTS**

The following is a summary of current and pending research projects as reported by the Texas Department of Criminal Justice (TDCJ) Executive Services:

- Correctional Institutions Division Active Monthly Research Projects - **12**
- Correctional Institutions Division Pending Monthly Research Projects – **3**
- Health Services Division Active Monthly Research Projects – **9**
- Health Services Division Pending Monthly Research Projects – **5**

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# **ACA, Performance-Based Expected Practices for Adult Correctional Institutions, 5<sup>th</sup> Edition**

Presented by  
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Texas Department of Criminal Justice (TDCJ)

June 14, 2023

Correctional Managed Health Care Committee (CMHCC)



## Overview of the American Correctional Association

The American Correctional Association (ACA) is a professional membership organization composed of individuals, agencies and organizations involved in all facets of the correctional field including:

- Adult services (jails and prisons)
- Juvenile service
- Community Corrections
- Probation
- Parole

## Overview of the American Correctional Association- Cont'd.

- ACA has thousands of members in the United States, Canada and other international countries
- There are more than 100 chapters and affiliates representing states, professional specialties, or university criminal justice programs
- ACA was founded in 1870 as the National Prison Association and became the American Prison Association in 1907

## Overview of the American Correctional Association- Cont'd.

- At its first meeting in Cincinnati, the assembly elected Rutherford B. Hayes, then governor of Ohio and later U.S. president, as the first president of the association
- At the same meeting, a “*Declaration of Principles*” was developed, which became the accepted guidelines for corrections in the United States and Europe
- At the 1954 annual Congress of Correction in Philadelphia, the name of the American Prison Association was changed to the American Correctional Association, reflecting the changing philosophy of corrections and its increasingly important role in society

## Overview of the Commission on Accreditation for Corrections

- The Commission on Accreditation for Corrections (CAC) was a private, nonprofit organization established in 1974 with the dual purpose of developing comprehensive, national standards for corrections and implementing a voluntary program of accreditation to measure compliance with those standards
- The Commission was originally established as a part of the American Correctional Association.
- In 1979, by joint agreement, the Commission separated from the Association in order to independently administer the accreditation program

## Overview of the Commission on Accreditation for Corrections-Cont'd.

- Between 1978 and 1986, the organizations shared the responsibility for developing and approving standards and electing members of the Commission. On November 7, 1986, the Commission on Accreditation for Corrections officially realigned itself with the American Correction Association
- The Commission is governed by a Board of Commissioners who reflect the Association's composition, including adult and juvenile components; the geographical distribution of its memberships; and representation of ethnic and racial minorities, women, and management and non-management staff

# Overview of the Commission on Accreditation for Corrections-Cont'd.

- The Commission represent the following specific categories:
  - Correctional Administration
  - Juvenile
  - Institutions
  - Probation
  - Parole, Aftercare or Post-Release
  - Supervision
  - Community Programs
  - Detention
  - Education
  - Health Care
  - Legal
  - Architecture
  - Non-correctional administration

## The Accreditation Process

- The process leading to initial accreditation normally takes 12 to 18 months to complete
- Accreditation is granted for a period of three years
- Maintaining continuous accreditation and integrating the expected practices into the day-to-day operations of the facility is an ongoing task
- All facilities sign a contract, prepare a self-evaluation report, and are audited by independent corrections professionals

## Benefits of Accreditation

- ✓ Safeguarding the life, health, and safety of the public, staff and inmates
- ✓ Providing a systematic evaluation of all areas of agency administration and operation
- ✓ Improving management through the creation of refinement of written policies and procedures for all areas of agency operation
- ✓ Providing all staff the opportunity to work together to assess needs and develop solutions
- ✓ Providing evidence demonstrating compliance with exemplary practices for correctional agencies
- ✓ Giving recognition for achievement, improving staff morale, and demonstrating accountability to the public
- ✓ Aiding in the defense of potential lawsuits
- ✓ Improving outcomes for strategies to successfully reintegrate inmates back into society
- ✓ Identifying strengths, as well as weaknesses, on an ongoing basis

## Auditors

- Correction professionals who have been selected, trained, and certified by ACA
- Perform the field work; provide assistance to agencies to assess compliance with program requirements
- In certain cases, when the Commission believe it necessary, they monitor agencies to ensure maintenance of the conditions required for accreditation
- A team of auditors, referred to as Visiting Committees conducts compliance audits of agencies seeking accreditation and reaccreditation.

## Auditor Eligibility Requirements

- Minimum of five years of corrections experience
- Must be recommended by an agency administrator
- Demonstrate knowledge in the substantive area(s) in which they are engaged to assist the ACA
- Successfully complete the auditor orientation course
- Participate in an ACA sanctioned training every three years
- Be a member of the ACA in good standing
- All auditors are approved by the ACA

## Performance Based Accreditation Model Development

- Development of the traditional ACA standards began in 1974 with an extensive program of drafting, field testing, revising, and approving them for application to all areas of corrections
- Over the years ACA has adopted performance-based standards, expected practices and outcome measures in its various accreditation manuals for implementation through accreditation
- Performance –based standard model emphasized *conditions* to be achieved and maintained

## Performance Based Accreditation Model Development Cont'd.

- For two decades, the ACA was engaged in the transition of traditional standards that had been focused on the evaluation of acceptable practices from the perspective of process evaluation; to one that is now fundamentally linked to the measurements of outcomes
- The measurement of the successful completion of a process or activity is not sufficient for accreditation purposes. The process must also evaluate and measure the results, the outcomes, of such practices

## Performance Based Accreditation Model Development Cont'd.

- More than 20 Accreditation Manuals are now used in the accreditation process:
- *Performance-Based Core Jail Standards-First Edition*
- *Performance-Based International Correctional Core Standards- Adult*
- *Performance-Based International Correctional Core Standards- Juvenile*
- *Performance-Based Standards for Adult Community Residential Services – Fourth Edition*
- *Performance-Based Standards for Adult Local Detention Facilities – Fourth Edition*
- *Performance-Based Standards for Adult Probation and Parole Field Services*
- *Performance-Based Standards for Correctional Industries*
- *Performance-Based Standards for Juvenile Correctional Facilities - Second Edition*

# Performance Based Accreditation Model Development Cont'd.

## Accreditation Manuals:

- *Performance-Based Standards for Therapeutic Communities*
- *Performance-Based Health Care Standards for Adult Correctional Institutions*
- *Performance-Based Health Care Standards for Adult Local Detention Facilities*
- *Performance-Based Health Care Standards for Juvenile Correctional Facilities-4th Edition*
- *Standards for Administration of Correctional Agencies - Second Edition*
- *Standards for Adult Correctional Boot Camps Programs*
- *Standards for Adult Correctional Institutions –Fourth Edition*
- *Standards for Adult Parole Authorities - Second Edition*
- *Standards for Correctional Training Academies*

# Performance Based Accreditation Model Development Cont'd.

## Accreditation Manuals:

- *Standards for Electronic Monitoring Programs*
- *Standards for Food Service Programs*
- *Standards for Juvenile Community Residential Facilities-Third Edition*
- *Standards for Juvenile Correctional Boot Camps*
- *Standards for Juvenile Day Treatment Programs*
- *Standards for Juvenile Detention Facilities –Third Edition*
- *Standards for Juvenile Probation and Aftercare Services –Second Edition*
- *Standards for Small Juvenile Detention Facilities*

# Performance Based Accreditation Model Development Cont'd.

## Performance-Based Expected Practices for Adult Correctional Institutions, 5<sup>th</sup> ed.

The manual is organized in the following sections:

1. Administration and Management
2. Physical Plant
3. Institutional Operations
4. Special Management Housing and Restrictive Housing
5. Institutional Services
6. Healthcare
7. Inmate Programs

# Organization of Manuals Adult Correctional Institutions (ACI) 5<sup>th</sup> ed.

Scoring is based on compliance with:

64 Mandatory Expected Practices  
509 Non-Mandatory Expected Practices  
573 Total Expected Practices

## Accreditation Hearings

- The Commission on Accreditation for Corrections is solely responsible for rendering accreditation decisions
- The Commission is divided into panels that are empowered to reach and render accreditation decisions
- The agency is invited to have a representative at the hearing and, in most cases, one or more individuals attend
- Attendance by any other parties occurs only with the permission of the applicant agency representative and panel members discuss procedures to be followed before commencement of the hearing

## Accreditation Hearings cont'd.

- In final deliberations, the Commission Panel:
  - ensures compliance with all mandatory expected practices and at least 90 percent of all other expected practices
  - responds with a formal vote to all appeals submitted by the applicant agency
  - responds with a formal vote to all requests for Waivers, and Plans of Action submitted by the applicant agency

## Accreditation Hearing cont'd.

- Following each applicant hearing, a roll call vote is conducted to consider the award of accreditation, extend an agency in the accreditation process or deny accreditation

## Accreditation Decisions

- *Three-year accreditation award*
- *Extension of applicant agency in initial accreditation process*
- Continuation of accreditation in *Probationary Status* after reaccreditation hearings is considered when the panel specifies that compliance levels are marginal
- *Denial of accreditation* denies initial accreditation or removes the agency from Accredited Status and withdraws the agency from the accreditation program

The agency receives written notification of all decisions relative to accreditation after the hearing.

# The End

## Questions

